

# The GATS Atlas Global Adult Tobacco Survey

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#### **GTSS**

Global Tobacco Surveillance System

# The GATS Atlas

Global Adult Tobacco Survey

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## **Foreword**

#### "If you can't measure it, you can't manage it."

The global tobacco epidemic has now assumed pandemic proportions, with about 1.3 billion tobacco users and 6 million annual deaths from tobacco use. The epidemic also involves substantial healthcare, social, and economic costs across high-, middle-, and low-income countries.

In a marked advance over the last few decades, about 90 per cent of countries now collect data on the tobacco epidemic and are increasingly using systematic, comparable data-collection systems – thanks in no small part to the Global Tobacco Surveillance System (GTSS).

Prior to the initiation of the GTSS in 1999, there were no international, standardized surveys on the tobacco epidemic. Countries, in collaboration with the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention, have undertaken surveys to monitor tobacco use and tobacco control measures among youth and adults.

This Atlas highlights the findings from the Global Adult Tobacco Survey (GATS). It reflects the impact of the select demand-reduction strategies of the WHO Framework Convention on Tobacco Control (WHO FCTC), which are badged by WHO as MPOWER:

Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, and sponsorship

Raise taxes on tobacco

In the seven years since the publication of the first GTSS Atlas, enormous strides have been made in adult tobacco surveillance and monitoring. In 2007, GATS was in the planning stages, but by 2014 it has amassed data from 58 per cent of the world's adult population. Repeat surveys are already indicating trends in adult tobacco-use behavior, and there are plans for the next few years to include new countries and undertake more repeat surveys.

The Atlas outlines the many resources available for countries wishing to participate in such surveys. It will be an invaluable resource for governments, policy makers, public health practitioners, scholars, and students interested in tobacco control. Several publications have drawn upon the data, and it has been widely reported in the media. Most importantly, it has been utilized in the GATS countries themselves as a tool for informing and influencing decision makers, the general population, and the local media.

The surveys and the Atlas are successful examples of bringing a wide array of partners together: governments, researchers, donors, and international organizations. Only through this kind of cooperation and commitment can we overcome this epidemic.

Michael Bloomberg Thomas R. Frieden

Michael Bloomberg Founder, Bloomberg Philanthropies and Bloomberg LP, and Mayor, New York City 2002–2013 Thomas R. Frieden
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## **Preface**

The Global Adult Tobacco Survey (GATS) is part of the Global Tobacco Surveillance System (GTSS), the largest global public health surveillance system ever developed and maintained.

It is the ongoing, systematic collection, analysis, and interpretation of data, and is essential to the tracking of the epidemic, and the planning, implementation and evaluation of control measures.

The GATS Atlas paints an important landscape of tobacco use and of select tobacco control measures stipulated by the WHO Framework Convention on Tobacco Control, and badged by WHO under the acronym MPOWER. It includes an introduction to the GTSS, which, over 15 years, has facilitated the development, implementation, and evaluation of tobacco control programs and policies in countries around the world. This publication is an expansion of *The GTSS Atlas*, published in 2009, which focused on youth data from the Global Youth Tobacco Survey.

The GATS, supported by the Bloomberg Initiative to Reduce Tobacco Use, began in 2007 to systematically monitor adult tobacco use and key tobacco control measures, initially in 14 countries. It has already been expanded to 36 countries. *The GATS Atlas* covers the 22 countries for which data had been publicly released by the end of 2013. Two countries, Thailand and Turkey, have conducted the survey twice, providing trend data and thus the ability to evaluate progress. *The GATS Atlas* therefore illustrates the dynamics of tobacco use and tobacco control policies in countries representing 3 billion of the 5 billion adult population worldwide.

The Tobacco Questions for Surveys (TQS), a subset of key questions from GATS, was initiated in 2010 to generate comparable data by integrating a smaller number of standard tobacco questions into other national and subnational surveys. Examples from countries that have successfully integrated these questions, demonstrating a commitment to monitoring progress towards the global voluntary tobacco targets of a 30 per cent relative reduction by 2025, are presented in these pages.

This Atlas combines data and visuals to guide and encourage decision makers and public health practitioners to accelerate tobacco control. It aims to generate inquiry by not only providing a portrait of each country's progress, but also enabling rigorous global and regional comparisons to be made. The central objective of this atlas is to make data visualization both simpler and more friendly, which we hope we have accomplished.

We thank the contributors, reviewers, and publishers for their tireless support and advice. Our sincere appreciation goes to the GATS Collaborative Group for their commitment and invaluable contributions to the initiative. We would also like to express our gratitude to country collaborators, interviewers, and respondents for being an integral and indispensable part of this initiative. Finally, this would not be possible without the support of Bloomberg Philanthropies and Bill & Melinda Gates Foundation.

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# Part One INTRODUCTION



#### Preamble

The Parties to this Convention ... recogniz[e] that the spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response.

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## 1 Tobacco Products

#### SMOKING

Tobacco smoking is the combustion of the tobacco leaves and inhaling of the smoke.

▶ Manufactured cigarettes, addictive by design, are the predominant form of tobacco products used globally. They consist of shredded or reconstituted tobacco, processed with chemicals and flavors and rolled into a paper.

#### Most prevalent:

Worldwide

Kreteks are clove-flavored cigarettes, originally from Indonesia and available internationally. The clove contains eugenol, an anesthetic to lessen harshness of tobacco. Kreteks also contain special flavoring called sauces, which are unique to each brand.

#### Most prevalent:

Indonesia

► Roll-your-own (RYO) cigarettes are hand-rolled using loose tobacco and a cigarette paper.

#### Most prevalent:

Asia, Europe, New Zealand

Bidis are cigarettes consisting of sun-dried tobacco flakes rolled in a temburni or tendu leaf, and tied with a string at one end.

#### Most prevalent:

South Asia (Bangladesh, India)

Waterpipes, also known as shisha, narghile, hookah, or hubble-bubble, are smoked using an apparatus containing a basin of water, a hose, and a mouthpiece. Flavored tobacco is burned on a charcoal in a smoking bowl. The smoke is filtered through the water basin and inhaled through the hose and mouthpiece.

#### Most prevalent:

Mediterranean region, north Africa and parts of Asia, now spreading globally ► Cigars are made of air-cured, fermented tobacco wrapped in a tobacco leaf. They are available in many sizes and shapes, from cigarette-sized cigarillos, double coronas, cheroots, stumpen, chuttas, and dhumtis.

#### Most prevalent:

Worldwide

 Pipes are smoking devices made of briar, slate, or clay. Tobacco flakes are placed in the wider opening of the pipe and burned. with the smoke passed through the stem and inhaled through the narrower opening.

#### Most prevalent:

Worldwide

Electronic nicotine delivery systems (ENDS)/electronic non-nicotine delivery systems (ENNDS), of which electronic cigarettes are the most common prototype (also named vape pens, vape pipes, hookah pens, electronic hookahs, etc.), are devices that do not burn or use tobacco leaves but instead vaporize a solution the user then inhales. The main constituent of the solution, in addition to nicotine when nicotine is present, are propylene glycol, with or without glycerol and flavoring agents. ENDS/ENNDS solutions and emissions contain other chemicals, some of them considered to be toxicants.

#### **Most Prevalent:**

Europe, USA, now spreading globally



#### **SMOKELESS**

Smokeless tobacco is consumed through the mouth or nose, without combustion or burning.

.....

► Chewing tobacco varieties include betel guid, chimo, gutkha, loose-leaf, plug, toombak, twist. These products are placed in the mouth, cheek, or inner lip and chewed or sucked, or, in the case of powders, applied to the gums or teeth. Betel quid consists of tobacco, areca nut, slaked lime, and flavorings wrapped in a betel leaf. Varieties of chewing tobacco also include gundi, hogesoppu, kadapam, kaddipudi, khiwam, mishri, patiwala, and zarda.

#### Most prevalent:

America, Africa, South East Asia (Bangladesh, India. Maldives, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand). Western Pacific (Cambodia, Federal States of Micronesia, Lao, Malaysia, Palau, Viet Nam)

▶ Moist snuff is usually made from a mixture of fire-and-air-cured dark tobaccos. The cured tobacco is aged for at least one year before being taken for production. Moist snuff consumed in the American market is made from fine-cut tobacco, and the cutting sizes - fine, coarse or long cut result in different types of products. After cutting, the tobacco is mixed with water and other ingredients and allowed to ferment in closed vessels at controlled pH and temperature for several weeks. After fermentation, further additives are mixed with the snuff to make it stable and to impart a desired flavor. Moist snuff is used in the USA mainly by placing it between the lower lip and teeth. An alternative is available in the form of sachets (like a tea bag), where moist snuff is packed into porous paper-like material. Other local moist products and varieties are igmik (commonly used in Alaska), khaini, nass or naswar, and shammah.

#### Most prevalent:

South-East Asia, Saudi Arabia, South Africa, USA

► **Snus** is usually made from ground tobacco. After water and salt are added, the "tobacco meal" is heated at high temperatures and high humidity for 24 to 36 hours. The heating is reported to kill the bacteria originally present in the tobacco, which appears to reduce the formation of nitrite and TSNAs markedly. In Sweden, smokeless tobacco manufacturers adhere to the Gothiatek standard, which required the removal of TSNAs from snus. Flavors are added in the finishing stage of production. Snus is typically taken either as a pinch that is placed in the vestibular area of the upper jaw or in pre-packaged, portion-sized quantities (sachets).

#### Most prevalent:

Denmark, Finland, Iceland, Norway, South Africa, Sweden

**Dry snuff** is finely powdered fire-cured tobacco that is inhaled through the nose or taken by mouth.



#### Most prevalent:

Brazil, Europe, South and Central Asia, Nigeria, South Africa, USA

**Dissolvables** contain tobacco and numerous other agents that dissolve in the mouth and deliver nicotine via mucosal absorption. They are often brand extensions of popular cigarette brands.

They are advertised for use in any situation where the user cannot smoke.

Most prevalent:

USA

Tobacco: deadly in any form or disguise 55

As of December 2014, 180 World Health Organization (WHO) member states are parties to the WHO Framework Convention on Tobacco Control (WHO FCTC). The Conference of the Parties (COP) is the governing body of the WHO FCTC and is comprised of all Parties to the Convention. It keeps under regular review the implementation of the Convention, takes the decisions necessary to promote its effective implementation, and may also adopt protocols, annexes and amendments to the Convention. Regular sessions of COP are now held at two-year intervals.

#### Article 20.2 of the WHO FCTC states:

The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

The WHO Report on the Global Tobacco Epidemic, 2013 states:

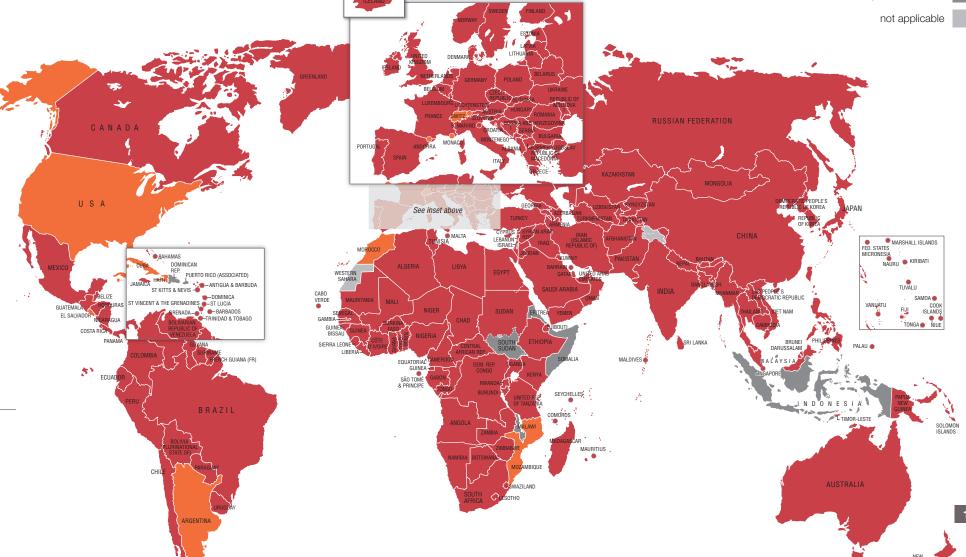
Monitoring tobacco use and tobacco control measures is critical to effectively addressing the epidemic and assessing the effects of global tobacco control. More than a quarter of countries, with 40% of the world's population, regularly monitor tobacco use among adults and youth using nationally representative surveys, an increase of 14 countries (5% of world population) since 2007.

The Global Tobacco Surveillance System aims to build country capacity to monitor, develop, implement, and evaluate WHO FCTC and, in particular, select demand-reduction measures badged by WHO under the acronym of MPOWER.

THE WHO FCTC IS ONE OF THE MOST RAPIDLY RATIFIED UN TREATIES OF ALL TIME

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ratified or acceded signed only neither signed nor ratified not applicable



# FCTC WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

#### Main provisions

Research, surveillance and exchange of information Protection against interference by tobacco industry Regulation of:

- contents, packaging, and labeling of tobacco products
- prohibition of sales to and by minors
- illicit trade in tobacco products
- smoking at work and in public places

#### Reduction in consumer demand by:

- price and tax measures
- comprehensive ban on tobacco advertising, promotion and sponsorship
- education, training, raising public awareness and assistance with quitting
- support for economically viable alternative activities
- legislative action to deal with liability

Protection of the environment and the health of persons

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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

## **3MPOWER**

▶ In 2008, WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as MPOWER, they assist in the country-level implementation of effective measures to reduce the demand for tobacco as contained in the WHO FCTC. The six proven measures are:

#### GATS TRACKING MPOWER

Estimates for adults age 15 and above in 22 countries that have completed GATS 2008–13 (m: million; bn: billion)

≥ 2.8 BILLION PEOPLE IN 54 COUNTRIES ARE COVERED
BY EFFECTIVE TOBACCO USE SURVEILLANCE
Highest

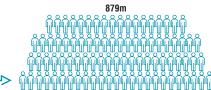
MONITORING TOBACCO USE Highest achieving countries

# •

#### Monitor tobacco use and prevention policies

Obtain nationally representative and population-based periodic data on key indicators of tobacco use for youth and adults

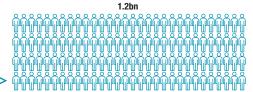




#### Protect people from tobacco smoke

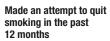
Completely smoke-free environments in all indoor public spaces and workplaces, including restaurants and bars, or at least 90% of the population covered by complete subnational smoke-free legislation

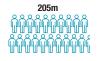




#### Offer help to quit tobacco use

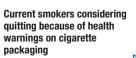
National quit-line, and both nicotine replacement therapy and some cessation services cost-covered

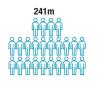




#### Warn about the dangers of tobacco

Large graphic health warnings on all tobacco packaging showing, in rotation, the harmful effects of tobacco use on health

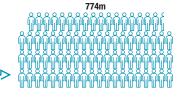




# Enforce bans on tobacco advertising, promotion and sponsorship

Ban on all forms of tobacco advertising, promotion and sponsorship

#### Awareness of tobacco advertising, sponsorship or promotion



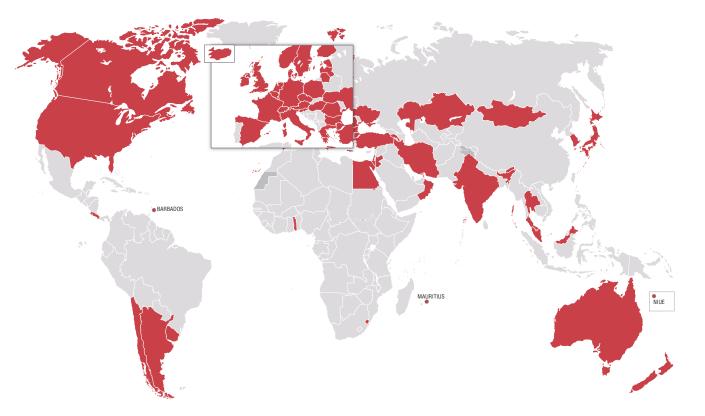
#### Raise taxes on tobacco products

Increase the price of tobacco products through higher tax (at least 75% of the retail price), making tobacco products progressively less affordable

#### Average Purchasing Power Parity (PPP) cost paid per 20 manufactured cigarettes



TO GATS IS AN IMPORTANT TOOL TO STRENGTHEN MONITORING, AND IS A GOLD STANDARD FOR CONDUCTING HIGH-QUALITY SURVEILLANCE



MONITORING OF TOBACCO USE AND TOBACCO
CONTROL POLICY ACHIEVEMENTS IS CENTRAL TO
UNDERSTANDING AND REVERSING THE EPIDEMIC

-

#### GLOBAL YOUTH TOBACCO SURVEY as of November 2014

implemented original GYTS protocol 1999–2011

also implementing revised GYTS protocol 2012–14

only implementing revised GYTS protocol 2012–14

no survey conducted

not applicable

#### GYTS O

#### Methodology

Nationally representative school-based survey of students aged 13 to 15 years.

Multistage sample design with schools selected proportional to enrollment size.

Self-administered and anonymous.

#### Limitations

Self-reported

Samples restricted to students in schools

#### **Questionnaire Topics**

- background characteristics
- tobacco use (smoking and smokeless)
- cessation
- secondhand smoke
- media
- knowledge, attitudes, and perceptions
- economics
- school policy (GYTS only)

#### **GATS**

#### Methodology

Nationally representative household survey of persons age 15 years and above.

.....

Multistage, geographically clustered, probability-based sample design for cross-sectional estimates by gender and residence.

Face-to-face electronic data collection.

#### Limitations

Self-reported

Samples restricted to persons living in non-institutionalized households (military barracks, dormitories excluded).

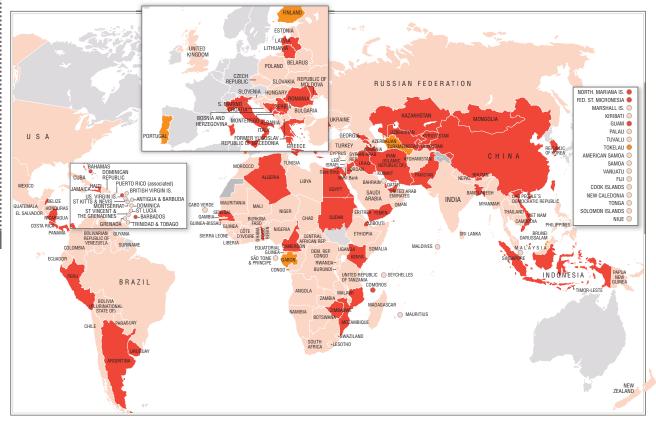
GLOBAL ADULT TOBACCO SURVEY as of November 2014

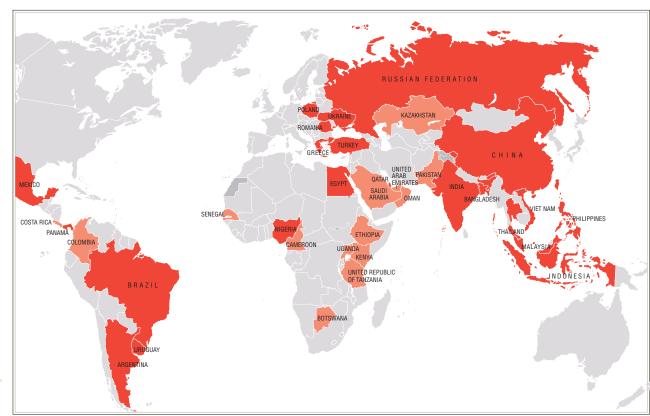
survey complete

now implementing

no survey conducted

not applicable





INTRODUCTION

22

23

**5**GTSS Overview: TQS

TQS (Tobacco Questions for Surveys) is a list of 22 survey questions, grouped according to the MPOWER measures derived from GATS. They can be included in national, sub-national, and international surveys to promote data comparability within and across countries over time.

The three tobacco-smoking prevalence questions should be included for all surveys that measure tobacco use. Additional questions can then be selected to cover key topics, or all the questions can be incorporated, as appropriate. TQS is available in Arabic, Chinese, English, French, Russian, Spanish, and Portuguese.

The information obtained from the tobacco questions can be used to evaluate and monitor existing tobacco-control policies and programs, as well as to inform development and implementation of new interventions at community, sub-national and national levels.

□ AS OF 2014, 47 COUNTRIES HAVE INTEGRATED TQS. THE TARGET IS TO APPLY TQS IN 70 **COUNTRIES BY 2016** 

Tobacco Ouestions for Surveys A Subset of Key Questions from the Global Adult Tobacco Survey (GATS)

êtes 烟草调查问卷 Bonpocы enquêtes 烟草调查问卷 Bon

INTEGRATION OF TQS as of November 2014





















**TQS GLOBAL ALLIANCE:** 

22 GATS COUNTRIES

3 billion adults represented

■ 3,200 handheld devices used

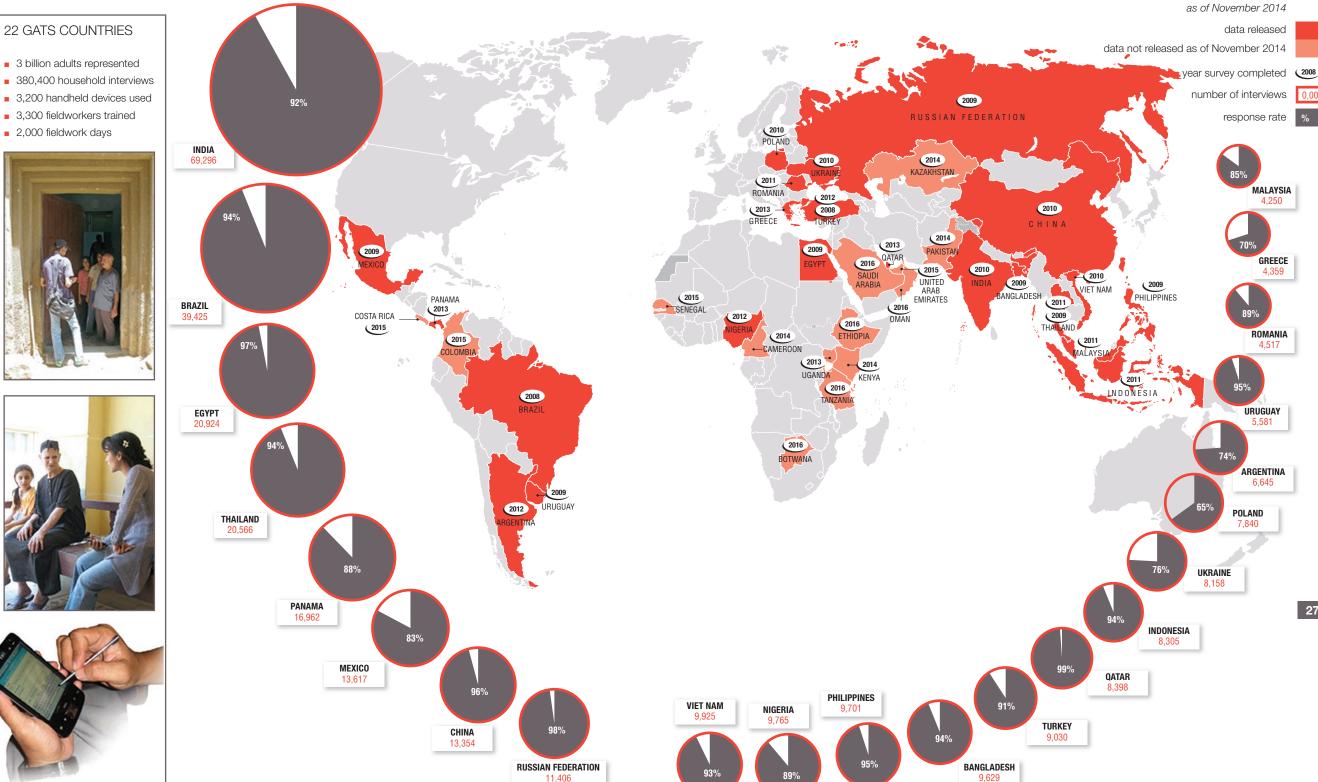
■ 3,300 fieldworkers trained

2,000 fieldwork days









INTRODUCTION

26

# **Part Two**

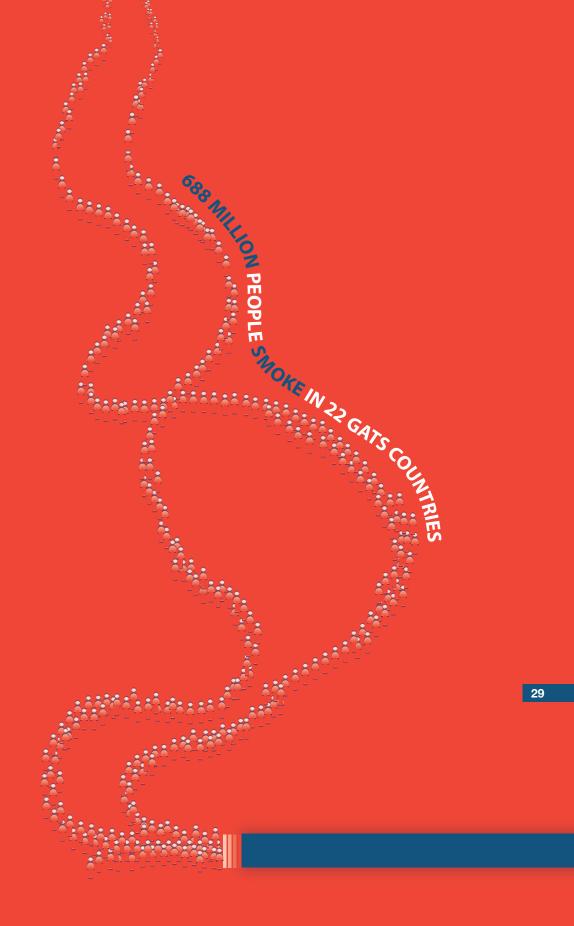




# Article 20: Research, surveillance and exchange of information

Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control ...

Each Party shall ... promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke.



00

Estimates for Turkey are for current tobacco smoking only, as Turkey did not measure smokeless tobacco use.

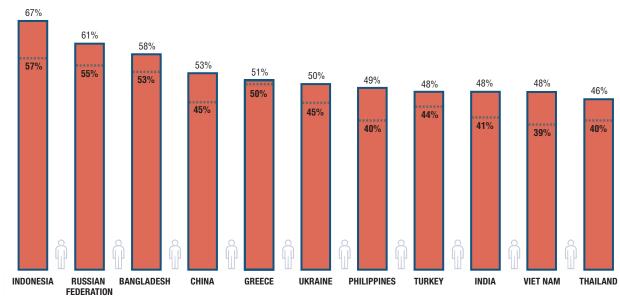
Current tobacco use refers to the use of any tobacco product, smoking or smokeless. Overall, current tobacco use prevalence ranges from 43% in Bangladesh to 6% in Panama and Nigeria among GATS countries to date.

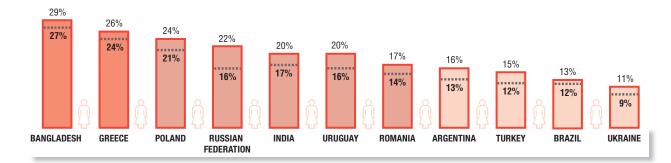
Prevalence is much higher among men than women. For men, 12 countries have a prevalence of 40% or above. For women, eight countries have a prevalence lower than 5%. The men-to-women ratio of prevalence of tobacco use was highest in Egypt (38:1) and in Asian countries such as Malaysia (22:1) and China (27:1), and was lowest in Argentina, Brazil, Greece, Poland, and Uruguay (all were less than 2:1).

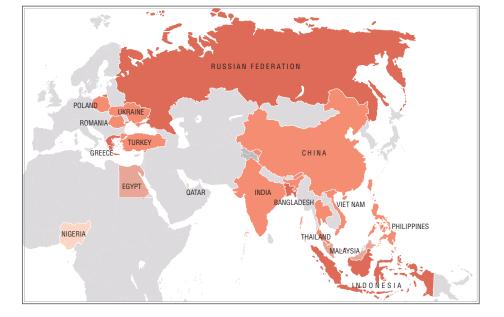
People who use tobacco daily make up the majority of users in all countries except Mexico.

□> MEXICO SHOWS THE GREATEST DIFFERENCE BETWEEN **MALE CURRENT AND DAILY TOBACCO USERS** 









31%

URUGUAY

.....

44%

MALAYSIA

**EGYPT** 

ROMANIA

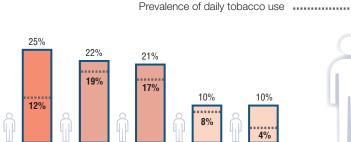
POLAND

#### **TOBACCO USE** AMONG MALES AND FEMALES

Age 15 and above 2008-13

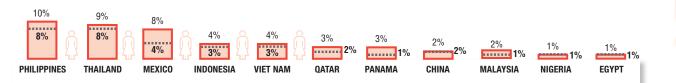
Prevalence of current tobacco use

NIGERIA



OATAR

31



ARGENTINA

MEXICO

BRAZIL

30

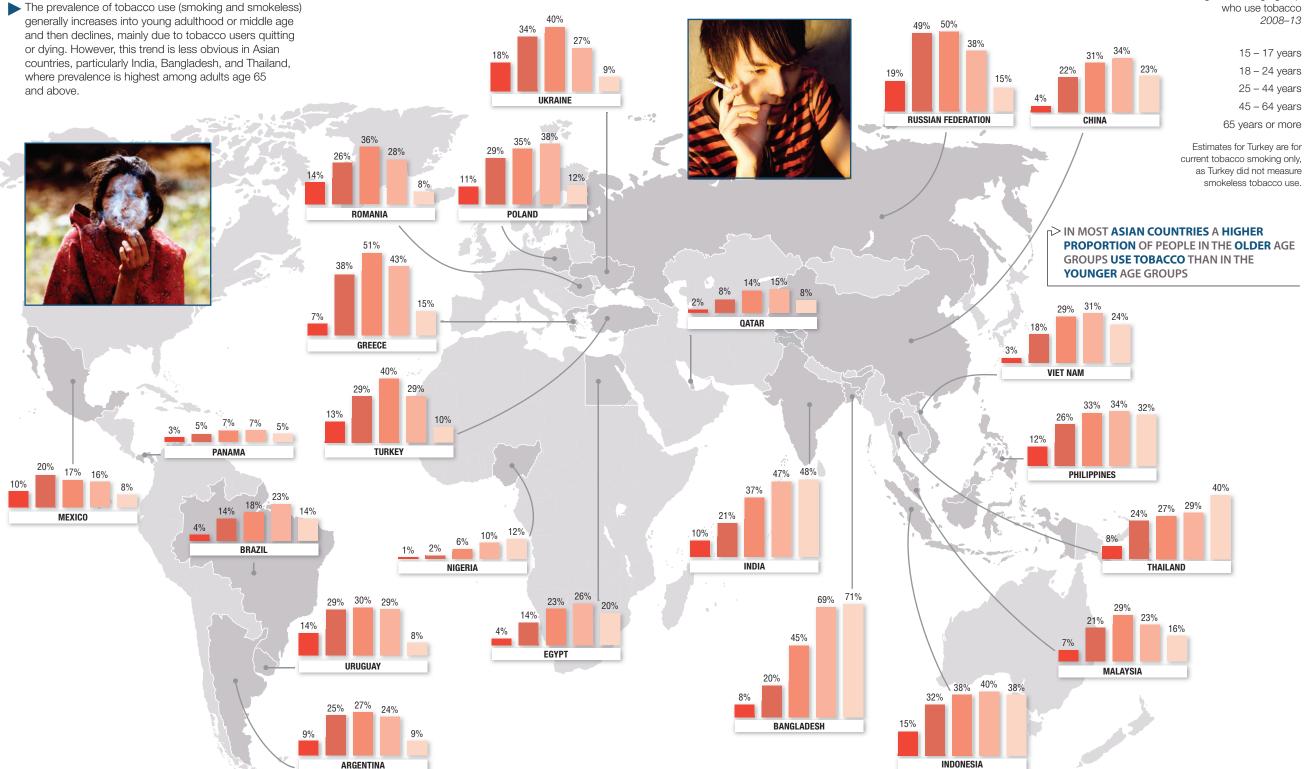
PANAMA

# 9 Tobacco Use: Age

MONITOR



Percentage in each age group who use tobacco 2008-13



Most of the tobacco consumed throughout the world is in the form of smoking tobacco, such as manufactured cigarettes, hand-rolled cigarettes, cigars, pipes, waterpipes, kreteks, and bidis. Overall, the prevalence of current tobacco smoking ranges from 39% in Russian Federation to 4% in Nigeria. Among men, 11 GATS countries have a prevalence of 40% or above. For women, 11 countries have a prevalence of more than 5%.

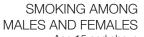
With the exception of Bangladesh and India, most smokers smoke cigarettes, particularly manufactured cigarettes. Men commonly smoke bidis in India and Bangladesh. The use of the waterpipe is relatively high in Viet Nam, Egypt, Turkey, Russian Federation, and Ukraine.

Prevalence of smoking is generally much higher for men than women in every GATS country. The male-to-female prevalence ratio for smoking is highest in Egypt (76:1) and lowest in Poland and Uruguay (both less than 2:1). The majority of current smokers are daily smokers in all countries except for Mexico.









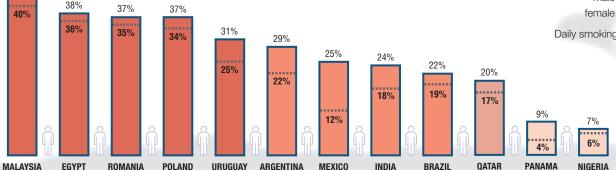
Age 15 and above 2008-13

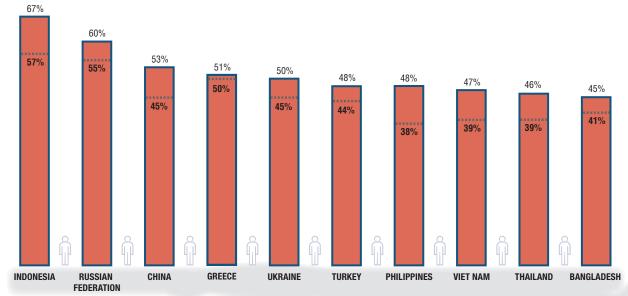
Current smoking

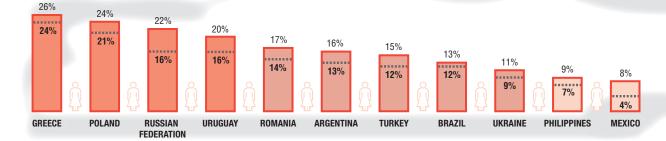
male

37

Daily smoking .....







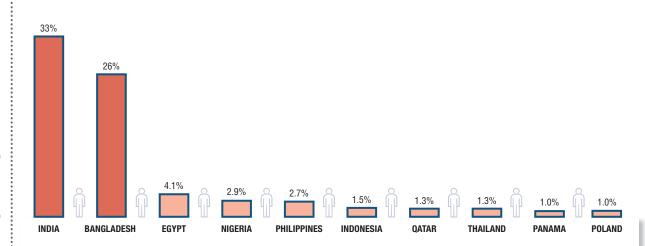


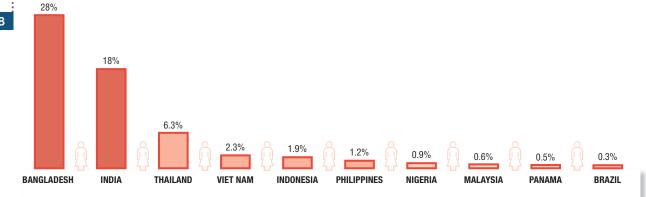
Smokeless tobacco use is also noticeable among Egyptian men and Thai women at 4% and 6%, respectively.

with 26% (men) and 28% (women) in Bangladesh.

THE OVERWHELMING USE OF TOBACCO BY WOMEN IN LOW- AND MIDDLE-INCOME COUNTRIES IS OF **SMOKELESS TOBACCO IN INDIA AND BANGLADESH** 











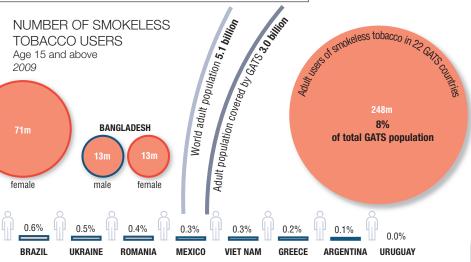
CURRENT SMOKELESS

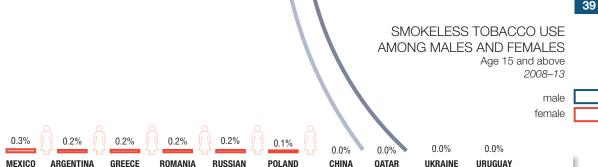
RUSSIAN

FEDERATION

**EGYPT** 

MALAYSIA





**FEDERATION** 

MONITOR

38

TOBACCO USE Among adults

age 15 and above

18.0% or more

1.0% - 6.5%

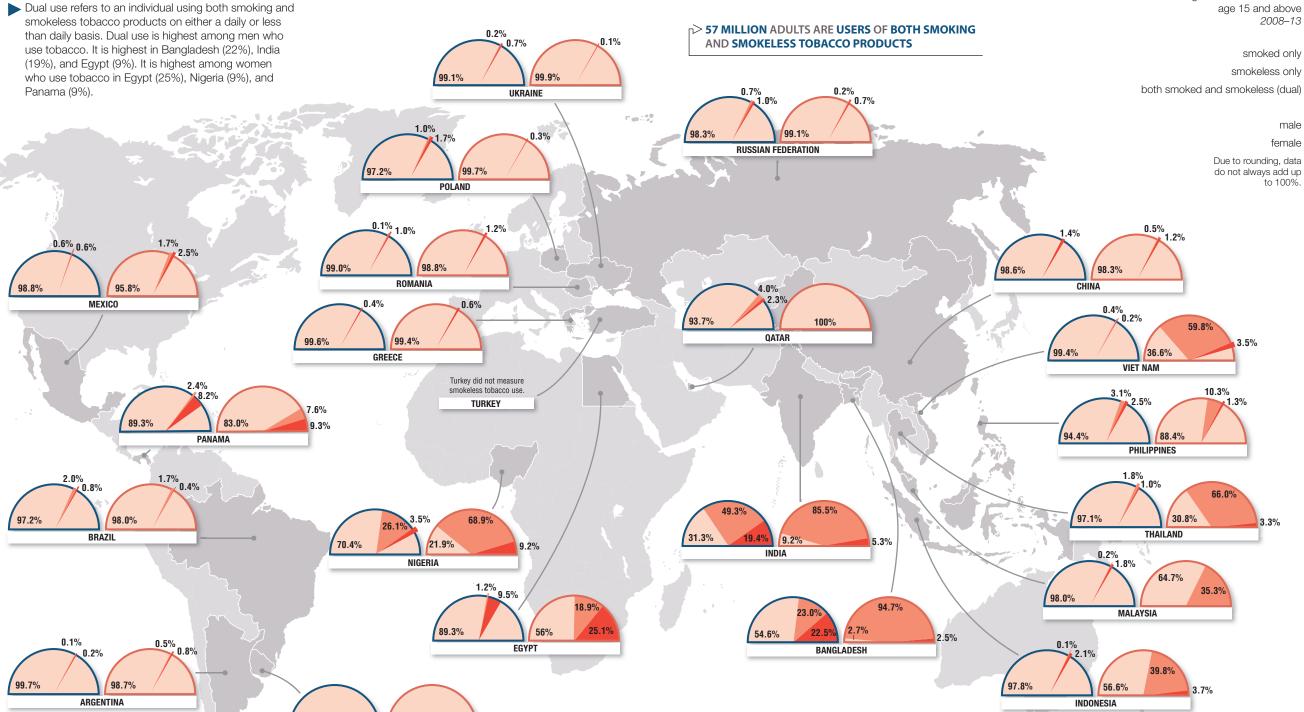
0.0% - 0.9%

Turkey did not measure

smokeless tobacco use.

2008-13

Due to rounding, data do not always add up to 100%.



100%

URUGUAY

THE QUIT RATIO TENDS TO BE HIGHER AMONG

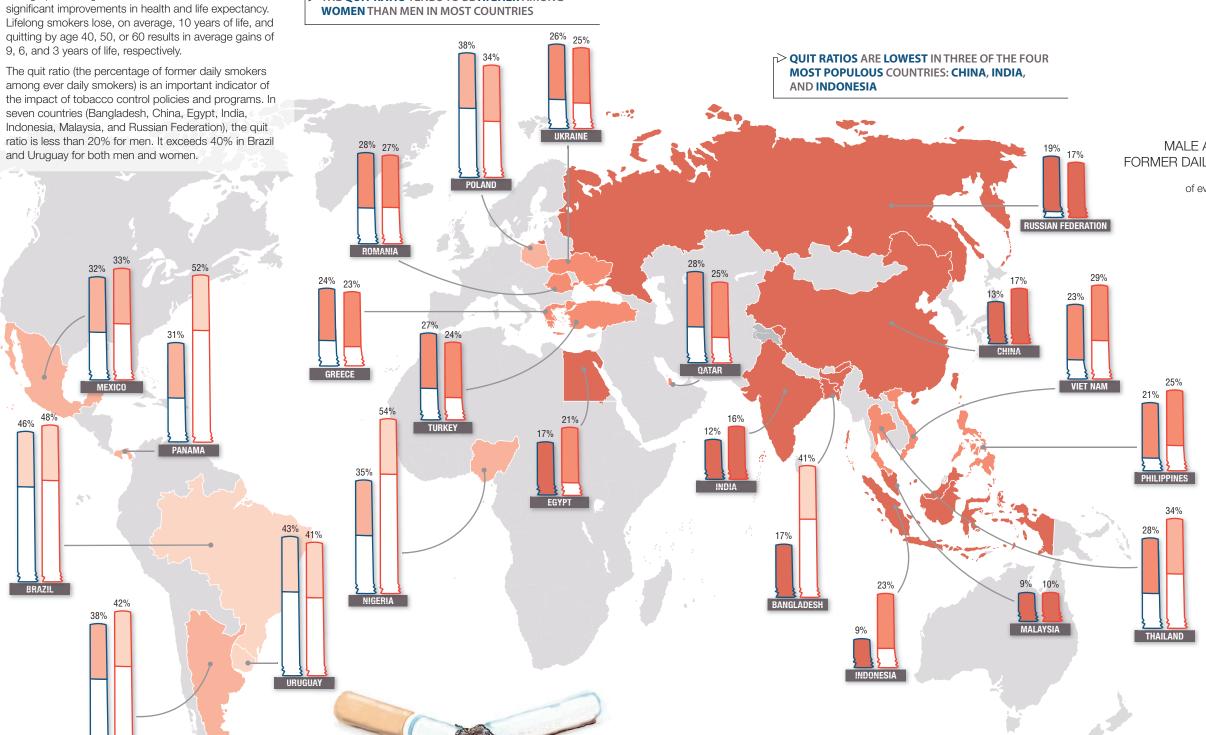
Giving up smoking, even late in life, can result in

20.0% - 29.9% 30.0% - 39.9%

40.0% or more



As a percentage of ever daily smokers



44

The average number of cigarettes smoked per day ranges for men from 6 in India to 21 in Greece. For women, it ranges from 7 in Philippines and India to 17 in Greece.

#### NUMBER OF CIGARETTES SMOKED

Average per day among daily cigarette smokers age 15 and above 2008-13

male female

\* The data for women are not reported in some countries due to the small sample size.

ARGENTINA

CHINA

PANAMA

**BRAZIL** URUGUAY ARGENTINA 15

MALAYSIA\*

BRAZIL

RUSSIAN FEDERATION

TURKEY

**MEXICO** 

12

UKRAINE

ROMANIA

13

URUGUAY

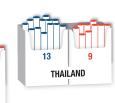
GREECE

**PANAMA** 

POLAND

EGYPT

VIET NAM INDONESIA





> IN MOST COUNTRIES MEN SMOKE MORE CIGARETTES

DAILY THAN WOMEN; THE EXCEPTION IS INDIA

INDIA

**MEXICO** 



**INDONESIA** 

NIGERIA\*

BANGLADESH\*

# **Part Three**





# Article 8: Protection from exposure to tobacco smoke

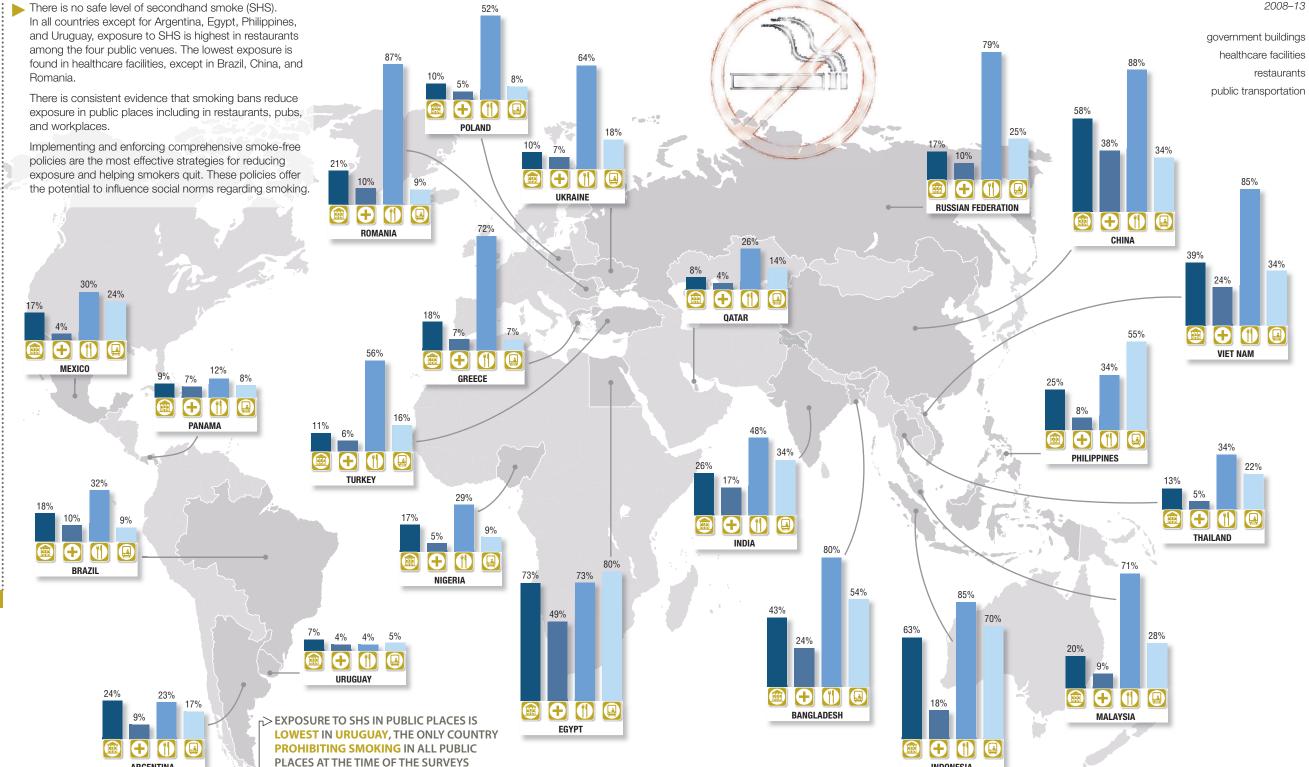
Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

Each Party shall adopt and implement ... measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.



There is consistent evidence that smoking bans reduce exposure in public places including in restaurants, pubs, and workplaces.

policies are the most effective strategies for reducing exposure and helping smokers quit. These policies offer the potential to influence social norms regarding smoking.



**ARGENTINA** 

**ARGENTINA** 

#### 18 Exposure to Smoke: Home NUMBER EXPOSED To secondhand smoke in the home in the past 30 days 1.5 billion people are exposed to secondhand smoke 2008-13 112m (SHS) at home in the 22 GATS countries. In China, nearly total population at home 00m three-quarters of a billion people (717 million) are exposed, almost equalling the combined number in the total exposed remaining 21 countries. Implementing smoke-free policies helps facilitate cessation and adoption of voluntary rules for smoke-free homes that especially protect children. 1,066m □> ENCOURAGING VOLUNTARY ADOPTION OF RULES FOR SMOKE-FREE HOMES COULD REDUCE RUSSIAN FEDERATION **EXPOSURE** AND HELP CURRENT SMOKERS QUIT 717m ROMANIA 0.4m BANGLADESH GREECE QATAR VIET NAM MEXICO TURKEY PANAMA EGYPT 782m BRAZIL CHINA **NIGERIA** THAILAND PHILIPPINES URUGUAY 170m

INDIA

INDONESIA

# **Part Four**





# Article 14: Demand reduction measures concerning tobacco dependence and cessation

Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

# 205 MILLION PEOPLE MADE AN ATTEMPT TO QUIT SMOKING IN THE PAST 12 MONTHS IN 22 GATS COUNTRIES



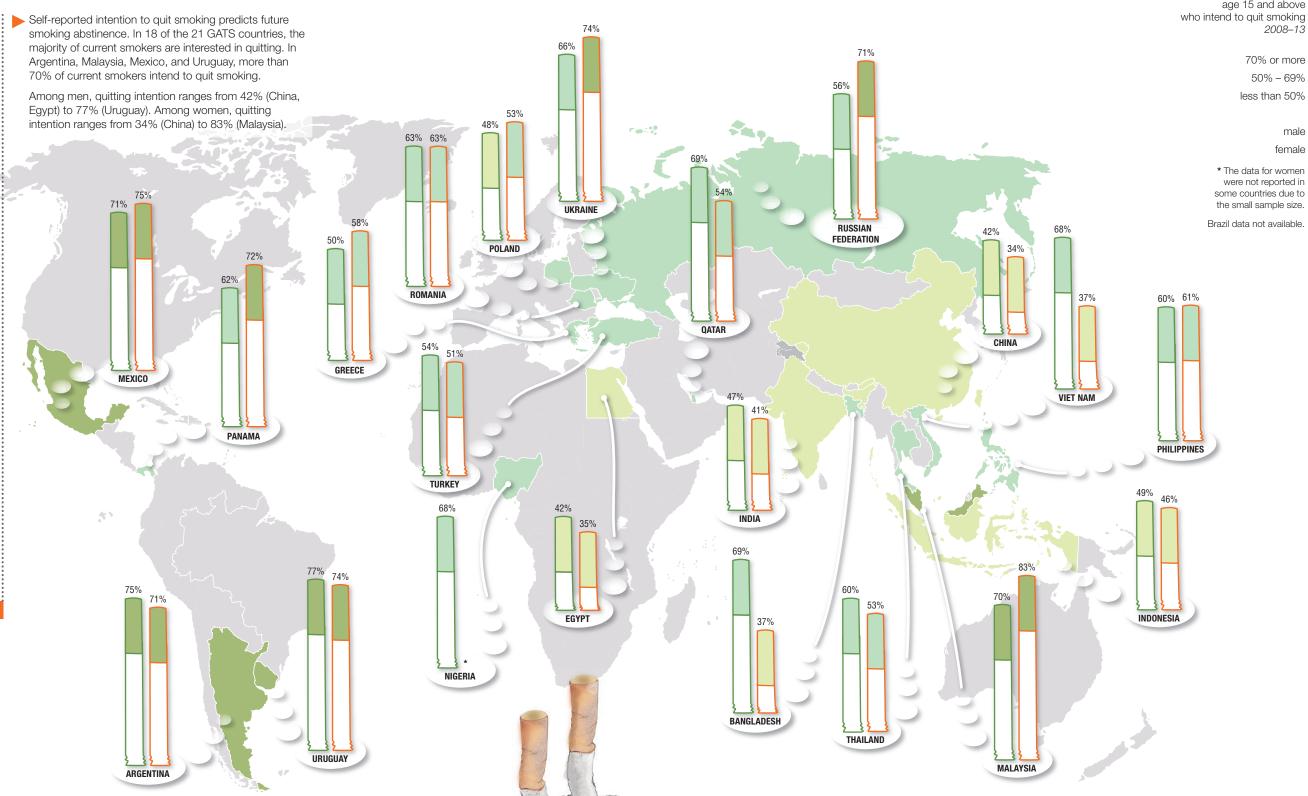
56 ST TO THE STATE OF THE STATE

**OFFER** 

male female

\* The data for women were not reported in some countries due to the small sample size.

Brazil data not available



Indonesia

Bangladesh \*

# 21 Attempts to Quit

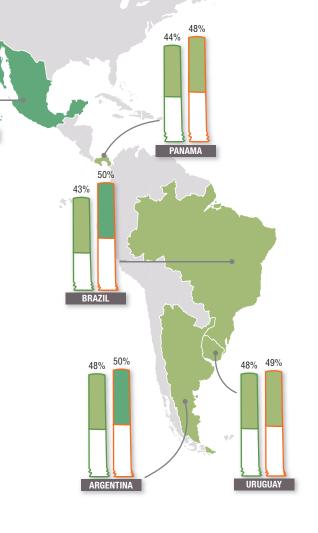
Ukraine **CESSATION AIDS** 2% Percentage of smokers age 15 and above Egypt who used smoking cessation aids 2% in the past 12 months 2008-13 China pharmacotherapy **└**|**└**|**□** 3% counseling/advice India \* Bangladesh did not measure pharmacotherapy. Argentina 4% 3% Nigeria \_\_\_\_\_12% Mexico **6%** 3% Panama 47% **6%** 0000007% Romania 000000009% Malaysia 000000009% 4% Turkey 9% Thailand 11% Greece 15% Uruguay **Russian Federation** Qatar Viet Nam **3**% Poland 

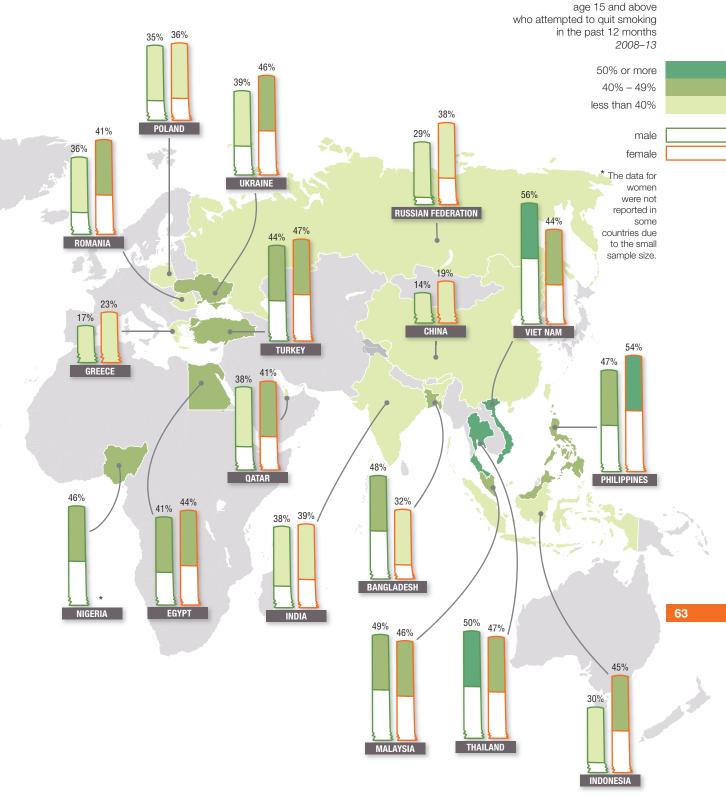
57%

The percentage of those who had attempted to quit smoking in the previous 12 months was measured among current smokers, and former smokers who had quit in the previous 12 months. In only three countries (Mexico, Thailand, Viet Nam), 50% or more of smokers tried to quit smoking during the past 12 months.

Among men, the lowest percentages are found in China (14%), Greece (17%), Russian Federation (29%), and Indonesia (30%). Among women, the percentages range from 19% in China to 57% in Mexico.

Of those who attempt to quit, between 2% (Egypt, Ukraine) and 26% (Indonesia) use pharmacotherapy as a cessation aid, and between 2% (Romania, Turkey) and 16% (Qatar) seek counselling/advice.





Percentage of smokers

# 22 Advice from Health Professionals INQUIRY AND ADVICE



# **Part Five**



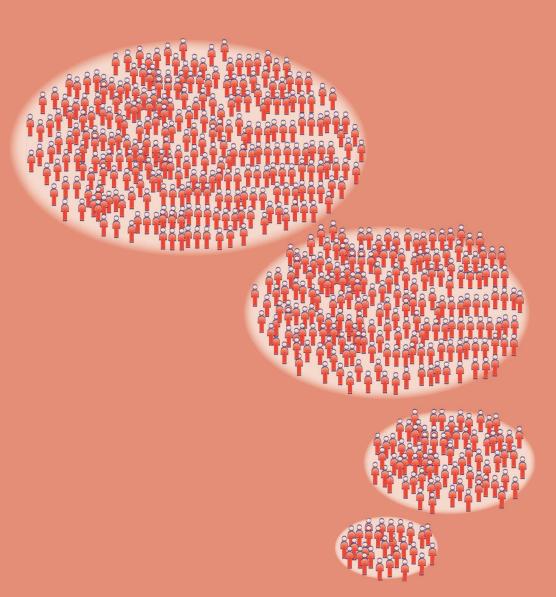


# Article 11: Packaging and labelling of tobacco products

Each Party shall ... ensure that ... each unit packet and package of tobacco products and any outside packaging and labelling ... carry health warnings describing the harmful effects of tobacco use...

# Article 12: Education, communication, training and public awareness

Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools ...



241 MILLION ARE
CONSIDERING QUITTING BECAUSE OF
HEALTH WARNINGS ON
CIGARETTE PACKAGING
IN 22 GATS COUNTRIES

...

specific conditions

2008-13

69

causes heart attack ranges from 39% in China to 95% in Egypt, and for stroke from 27% in China to 89% in Egypt and Romania.

► The percentage of those who believe that smoking

The majority of adults from all 22 countries are aware that smoking causes lung cancer, ranging from 73% in Nigeria to 99% in Argentina.

The majority in all 22 countries also believe that secondhand smoke causes serious illness in non-smokers.

64%

75% 81%

92%

93%

93%

94%

95%

95%

96%

DANGERS OF SECONDHAND

Percentage of adults age 15 and above

who believe secondhand

**SMOKE** 

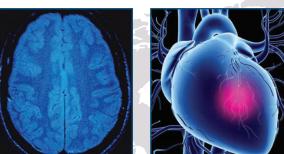
smoke causes

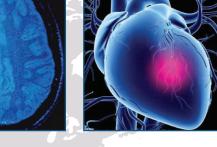
2008-13

serious illness in non-smokers

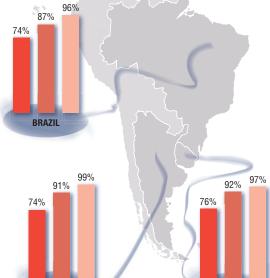
□> ONLY 14% OF ADULTS IN CHINA BELIEVE THAT **LOW-TAR CIGARETTES ARE AS HARMFUL AS GENERAL CIGARETTES** 

□> LESS THAN ONE-QUARTER OF ADULTS IN CHINA BELIEVE THAT SMOKING CAUSES STROKE, HEART ATTACK, AND LUNG CANCER

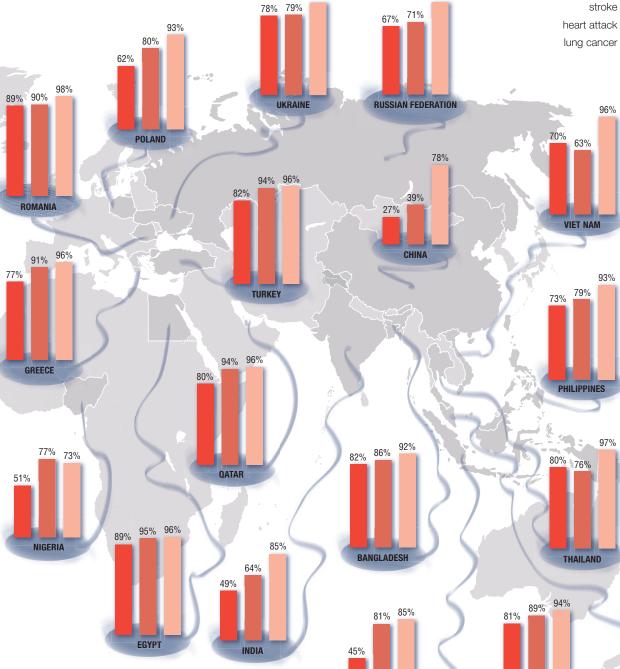












□> 94% OF ADULTS IN RUSSIAN FEDERATION KNOW

**THAT CIGARETTES CAUSE AN ADDICTION** 

82% **Russian Federation** 83% India 85% Greece 86% Malaysia 86% Ukraine 87% Viet Nam 88% WARN **Panama** Brazil **Philippines** 

China

**Poland** 

Argentina

Bangladesh

Uruguay Romania

Qatar

Thailand

Turkey

Mexico

Egypt

♠ Effective health warnings on tobacco packaging deliver

can encourage users to think about quitting, prevent

relapse and deter non-users from initiating use by

countries who notice health warnings on cigarette

from 15% in Greece to 67% in Thailand.

packaging and think about quitting as a result ranges

**16 GATS COUNTRIES HAVE GRAPHIC** 

**HEALTH WARNINGS** ON THEIR PACKAGING

important messages to both users and non-users. They

increasing their awareness of the associated health risks. The percentage of current smokers in the 22 GATS

30% - 59% 60% or more



WARN

70



www.puedodejar.com

0800 HUMO



(PLAIN) PACKAGING



> AUSTRALIA IS THE ONLY COUNTRY

THAT HAS ADOPTED **STANDARDIZED** 



PANAMA

BRAZIL





▲ Turkey







▲ Uruguay

▲ Brazil

▲ India

.....

ROMANIA

▲ Indonesia

RUSSIAN FEDERATION

▲ China

VIET NAM PHILIPPINES



Anti-tobacco messages in the mass media, either

reduce smoking prevalence.

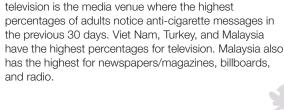
and radio.

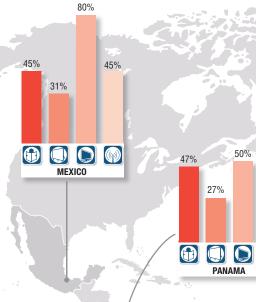
describing the dangers of smoking cigarettes or

encouraging people to quit smoking, have proven to

In all 22 GATS countries, except Nigeria and Qatar,

# on radio



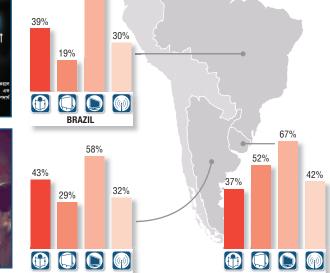


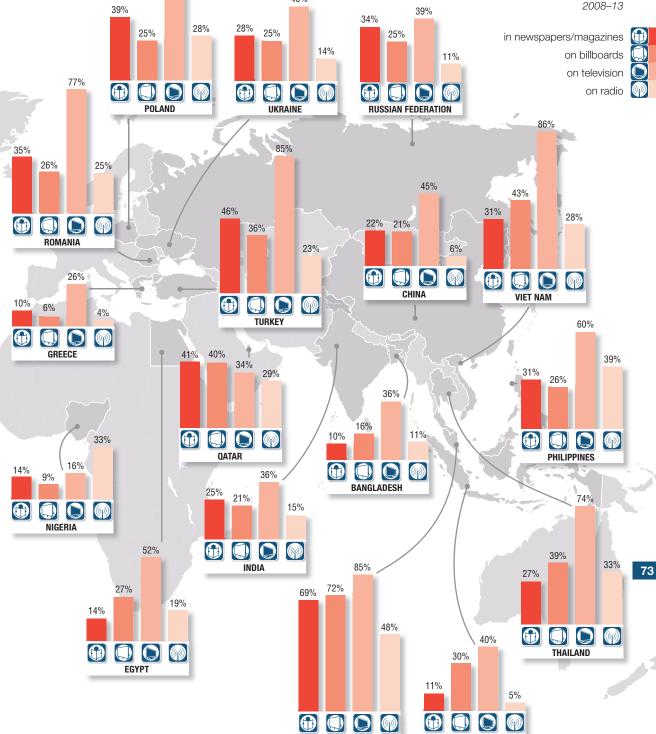












MALAYSIA

# **Part Six**





# Article 13: Tobacco advertising, promotion and sponsorship

Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.

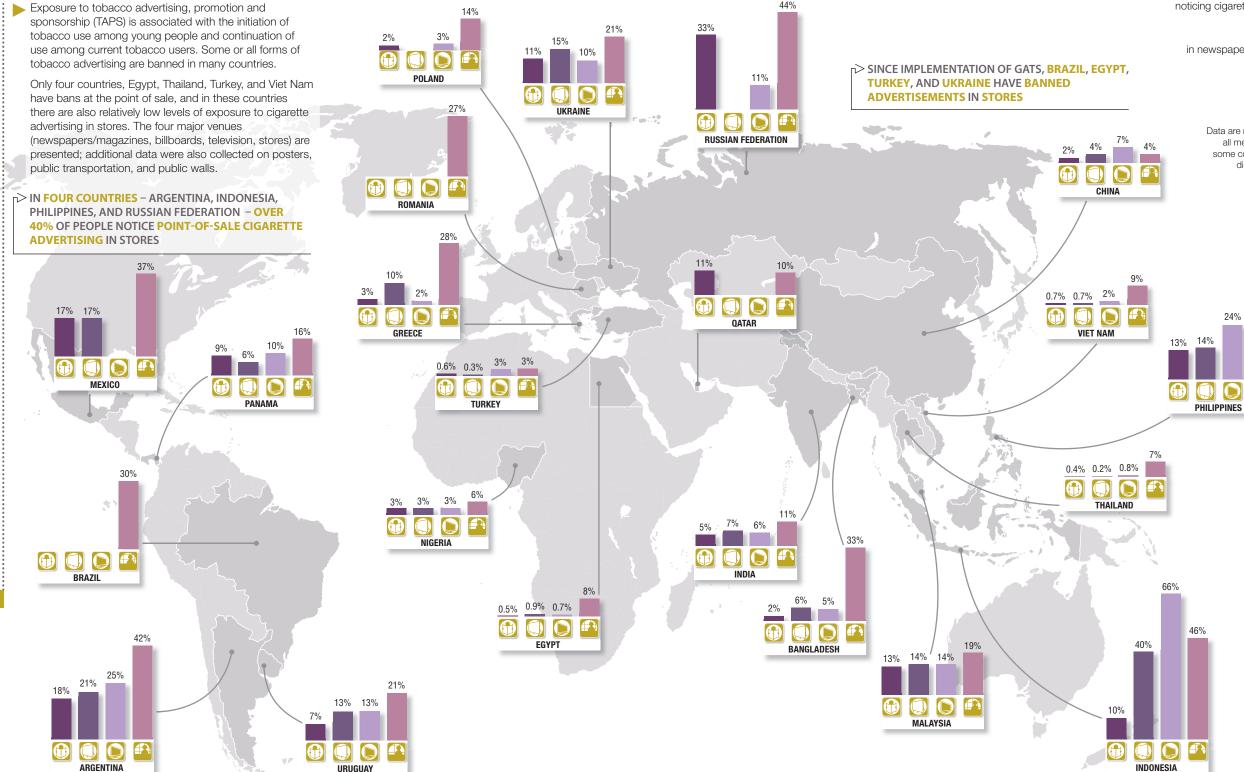
Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship ... [or] shall apply restrictions on all tobacco advertising, promotion and sponsorship.



IMPACT OF ADVERTISING







**NOTICE SPONSORSHIP OF SPORTING EVENTS BY** 

INDONESIA

**CIGARETTE COMPANIES** 

# **Part Seven**





Article 6: Price and tax measures to reduce the demand for tobacco

Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption.

Each Party should ... adopt or maintain ... measures which may include: implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to ... reducing tobacco consumption.



PPP \$2.7
IS THE AVERAGE COST OF
20 MANUFACTURED CIGARETTES
ACROSS 22 GATS COUNTRIES







the single most effective way to decrease tobacco use. Higher prices encourage current users to quit and prevent youth from starting. After adjusting for differences in country-level purchasing powers, the average cost of a pack of 20 manufactured cigarettes is \$2.7 among 22 GATS countries.

Increasing the price of tobacco through tax increases is

Cigarette prices are still very low in countries with large populations, such as Bangladesh, Brazil, China, Egypt, Indonesia, Philippines, Russian Federation, and Viet Nam. The majority of the world's population lives in countries with affordable cigarette prices due to low taxes on cigarettes.

7.0% or more 3.0% - 6.9%2.0% - 2.9%

less than 2.0% RUSSIAN FEDERATION



#### **COST OF CIGARETTES**

Average cost of 20 manufactured cigarettes among current smokers 2008-13

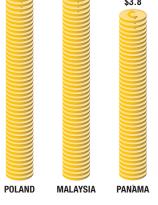
The values are given in international or Purchasing Power Parity dollars (PPP \$), which reflect the cost of living within each country and enable cross-country

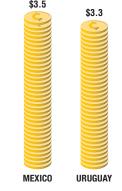


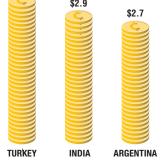
THAILAND











PANAMA















**FEDERATION** 







Average monthly expenditure on manufactured cigarettes 2008–13

The values are given in international or Purchasing Power Parity dollars (PPP \$), which reflect the cost of living within each country and enable comparisons to be made between countries.

\$116.2



URUGUAY

**ARGENTINA** 

**EGYPT** 

**MEXICO** 

PANAMA

Average monthly expenditure on manufactured cigarettes as percentage of monthly GDP per capita 2008-13 10.0% or more RUSSIAN FEDERATION 5.0% - 9.9% less than 5.0% QATAR > SMOKERS IN COUNTRIES WITH A RELATIVELY LOW **INCOME SPEND A HIGHER PROPORTION OF THEIR INCOME ON CIGARETTES** 

.....

THAILAND

INDONESIA

BRAZIL

\$34.3 \$34.2 \$33.7 \$30.1 \$28.8 \$22.7 \$18.9 \$16.8

**MEXICO** 

**NIGERIA** 

VIET NAM

RUSSIAN

**ROMANIA** 

**POLAND** 

TURKEY

MALÁYSIA

QATAR

PANAMA

BANGLADESH PHILIPPINES

\* PROPORTION OF GDP SPENT ON CIGARETTES

# **Part Eight**

# TRACKING **PROGRESS**



#### Article 20: Research, surveillance and exchange of information

Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

#### **Quotes from Country Partners**

- GATS assists countries to track tobacco control policies. With this important tool, we can invest our resources where most needed for saving lives 77
- We are eagerly looking forward to repeating GATS in 2015 China



- GATS is a huge catalyst for guiding tobacco control policies in India. It has provided us with vital data on all aspects of tobacco control
- We are proud to continue the systematic monitoring of tobacco use by incorporating GATS/TQS questions into our National Health and Morbidity Survey in 2015
- The capacity of the Romanian health system to implement such surveys at a national scale was definitely improved after GATS. We are sure to use this experience for other health surveys as well
- GATS is a best-practice project for transferring the body of knowledge from global to local: 'think globally, act locally'



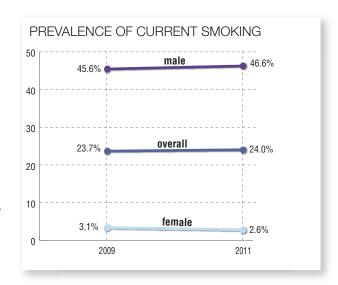
GATS is an integral part of tracking the NCD targets. It is very important for Ukraine that GATS helped the country be a part of a global network: the sum is greater than its parts Ukraine

88

▶ In Thailand, the Global Adult Tobacco Survey was first conducted in 2009 and repeated in 2011. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data.

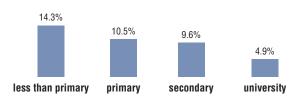
Thailand historically has had strong tobacco control laws that were successful in reducing smoking prevalence. Further reduction will only occur with strengthened enforcement of current laws and with introduction of stronger measures.

NO SIGNIFICANT CHANGES OCCURRED IN OVERALL SMOKING PREVALENCE BETWEEN 2009 AND 2011



#### **EDUCATION LEVEL**

Percentage of current manufactured cigarette smokers who purchased new inexpensive cigarette brand 2011



DESCRIPTION OF THE STREET OF T

T> CURRENT SMOKERS WHO THOUGHT OF QUITTING BECAUSE OF GRAPHIC HEALTH WARNING ON PACKAGING DECREASED FROM 67.0% IN 2009 TO 62.6% IN 2011

# TOP THREE MOST EFFECTIVE GRAPHIC HEALTH WARNINGS Influencing current smokers to want to quit and non-smokers to not want to start 2011

Smoking causes oral cancer



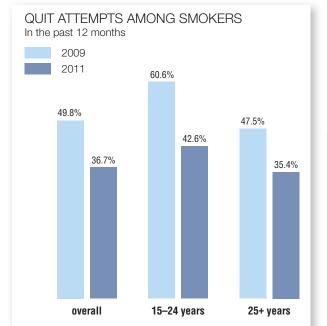
Smoking causes laryngeal cancer



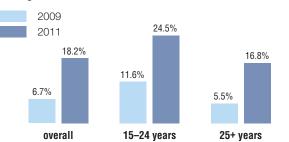
Smoking causes lung cancer



**QUIT ATTEMPTS DECLINED** FROM 49.8% IN 2009 TO 36.7% IN 2011







90

# **31** GATS Tracking Progress: Turkey

57.5%

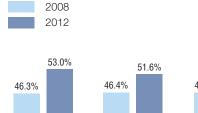
In Turkey, GATS was first conducted in 2008 and repeated in 2012. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data.

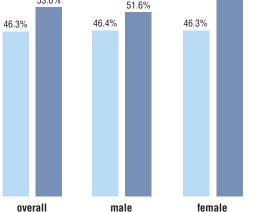
Turkey is the first country to attain the highest level of achievement in all six MPOWER measures, and is continuing its commitment to implement strong tobacco control policies in order to further accelerate these encouraging trends.

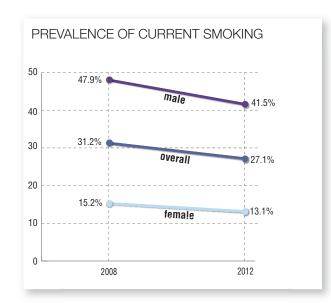
TURKEY IMPLEMENTED GRAPHIC HEALTH **WARNINGS** IN 2010 LEADING TO AN **INCREASE** IN PEOPLE THINKING ABOUT QUITTING

#### THINKING OF QUITTING Because of noticing health warnings

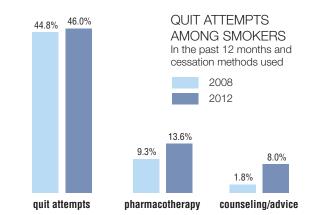
on cigarette packaging







> 1.2 MILLION FEWER PEOPLE IN TURKEY **SMOKED CIGARETTES IN 2012 THAN IN 2008** 





Smoking causes fatal lung cancer

Smoking when pregnant harms your baby



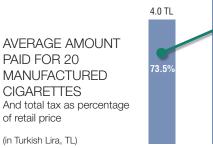
Smokers die vounger



**Surveillance** and monitoring of tobacco use and prevention policies are the key elements of tobacco control. GATS 2008 was the first national representative household survey in Turkey and repeated in 2012. In four years, there is 13.4% relative decrease on tobacco use, which shows tobacco control and MPOWER policies work in Turkey.

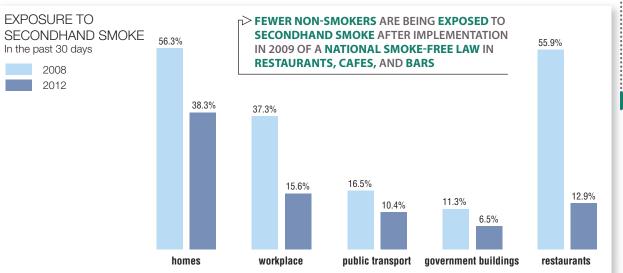
> Dr Mehmet Muezzinoglu Minister of Health, Republic of Turkey

THE REAL COST OF A PACK OF 20 **MANUFACTURED CIGARETTES HAS INCREASED SUBSTANTIALLY** AND CIGARETTES HAVE BECOME LESS AFFORDABLE









WHO STEPS

Education

Survey

STEPS

STEPS

WHO

STEPS

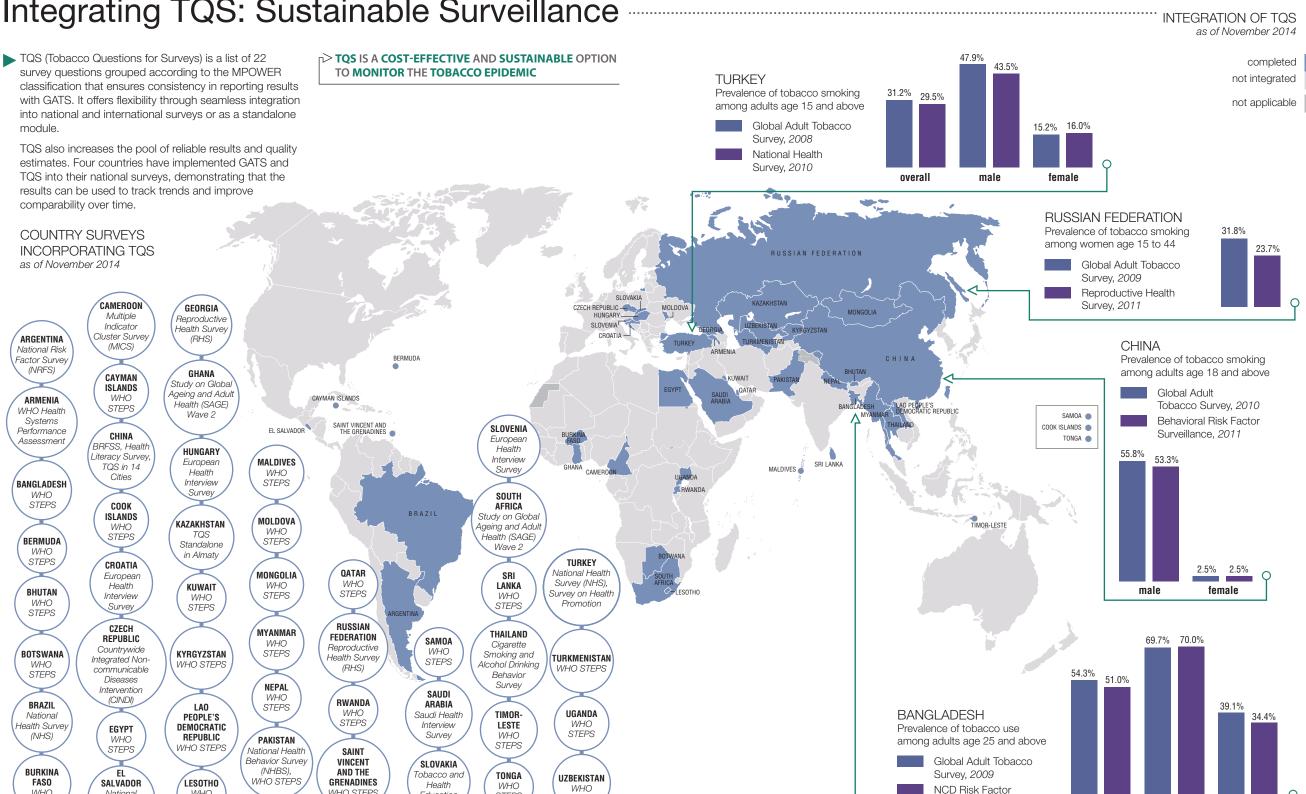
National

Population

ealth Survey

STEPS

COMPLETED



Survey, 2010

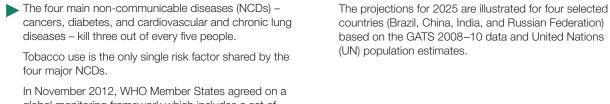
overall

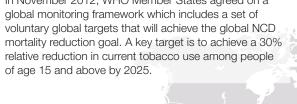
female

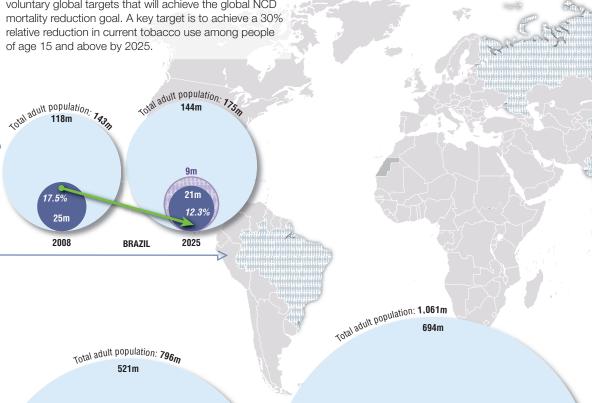
30% target reduction in tobacco-use prevalence

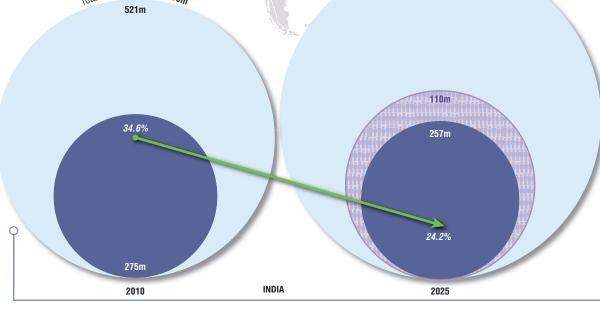
Baseline data (2008-10) reported from GATS. 2025 country population data from UN projections.

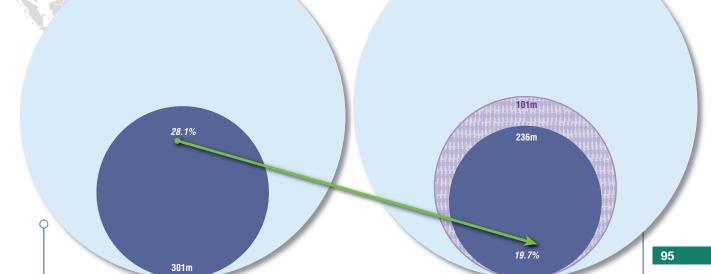
Total adult population: 1,198m











CHINA

RUSSIAN FEDERATION 2025

REGULAR MONITORING AND SURVEILLANCE IS **ESSENTIAL TO ENSURE THAT TARGETS ARE ACHIEVED** 

2010

TARGET: A 30% RELATIVE REDUCTION IN TOBACCO

Total adult population: 1,069m

**USE PREVALENCE BY 2025** 

**PROGRESS** 

**TRACKING** 

# **Part Nine**

# REGIONAL HIGHLIGHTS



Article 20: Research, surveillance and exchange of information

Each Party shall ... promote and strengthen ... training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.

Quotes from Country Partners

GATS was a breakthrough in providing the first nationally representative tobacco figures, which supported the planning of evidence-based national tobacco control strategies

The GATS process allowed access to internationally renowned experts in survey design and public health policy — a unique capacity building experience

GATS enriched our national data on tobacco to enable us to update tobacco control policies

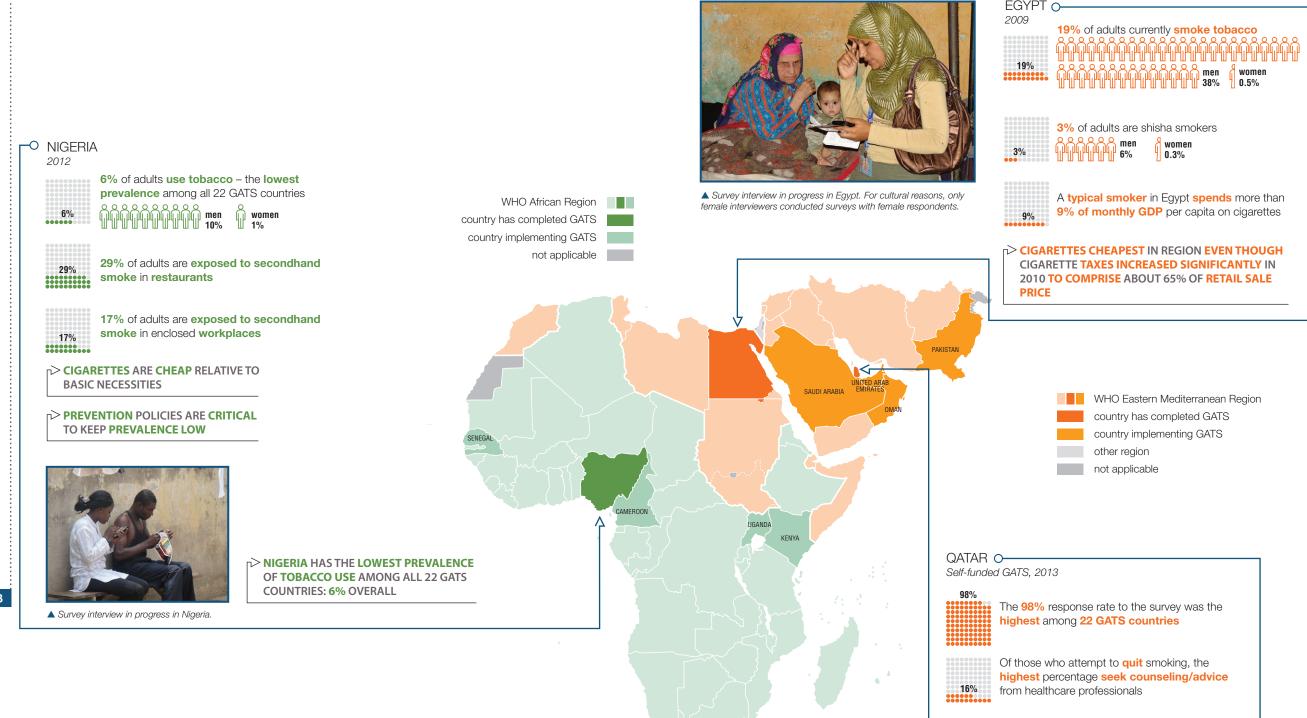
GATS allows comparisons between countries, and strengthens technical cooperation on tobacco control

GATS provided a baseline to help refine and accelerate our tobacco control strategies

GATS provided a clear picture of the country status and the impact of tobacco control policies in different population groups. Only by knowing our needs can we plan an effective response

Strong partnerships were central to the successful implementation of GATS in our country, and the data obtained have been instrumental in the development of our national tobacco control policy

Viet Nam



**□ BAN ON ELECTRONIC CIGARETTES IN PHARMACIES** 

AS OF **2012** 

-O MEXICO

2009

Only GATS country where fewer than half of male

**35** Regional Highlights: Americas > THE 2011 NATIONAL TOBACCO CONTROL LAW REQUIRES GRAPHIC HEALTH WARNINGS AND A COMPREHENSIVE BAN ON TOBACCO **ADVERTISING, PROMOTION, AND SPONSORSHIP** Not yet a party to the WHO FCTC

WHO Region of the Americas

country has completed GATS country implementing GATS

BRAZIL O-

Co-funded GATS, 2008

65% Effective graphic health warnings on cigarette packaging, with 65% of current smokers thinking about quitting as a result of seeing them

**Highest** male quit ratio

Cigarette price increased 74% from 2006 to 2013, following a 116% increase in excise tax per pack

□ FIRST COUNTRY TO BAN THE TERMS "LIGHT" AND "MILD" FROM CIGARETTE PACKAGING

GATS was integrated into the national health survey

## URUGUAY O



**Graphic health warnings cover** 80% of front and back of cigarette packaging

Lowest percentage of adults exposed to secondhand smoke in all public places among 22 GATS countries



**Highest** percentage of smokers intending to quit smoking

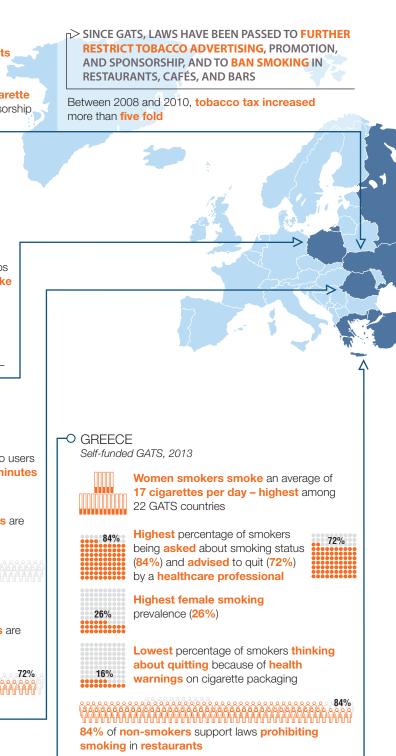


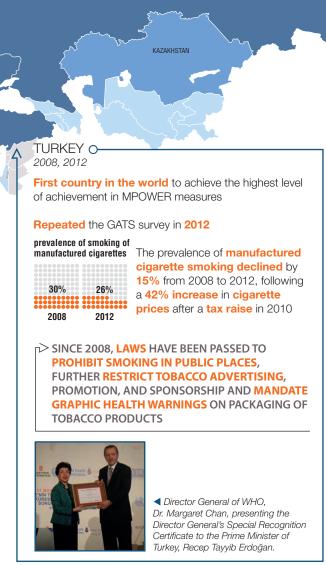
▲ President of Uruguay releasing GATS results.

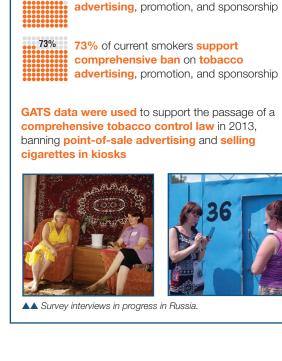
THE 2005 TOBACCO CONTROL LAW BANS SMOKING IN ALL PUBLIC PLACES, AND ALL FORMS OF TOBACCO **ADVERTISING, PROMOTION, AND SPONSORSHIP EXCEPT POINT-OF-SALE ADVERTISING AND DISPLAY** OF THE PRODUCT

# UKRAINE 2010 64% of adults are exposed to secondhand smoke in restaurants 45% of adults are exposed to cigarette advertising, promotion, and sponsorship O POLAND 2010 Lowest male-to-female ratio for smoking prevalence (1.5:1) 51% of non-smokers who visit restaurants, coffee shops, and bistros are exposed to secondhand smoke ¬> NEW LAW MANDATED HEALTH **WARNINGS ON PACKAGING OF ALL SMOKING TOBACCO PRODUCTS SINCE** O ROMANIA 64% High percentage of women tobacco users using tobacco products within 30 minutes of waking 94% who visit night clubs and bars are exposed to secondhand smoke 57% support smoking ban in bars 87% of adults who visit restaurants are exposed to SHS

**72%** support **smoking ban** in restaurants







RUSSIAN FEDERATION O-

countries

61% of adult men use tobacco, the

**59%** of adults are exposed to **tobacco** 

second highest among 22 GATS

▲▲ Survey interviews in progress in Russia.

103

WHO European region

other region

not applicable

country has completed GATS country implementing GATS

# CURRENT TOBACCO USERS O INDIA Percentage of people age 15 and above 2010 in each state 2009-10 45.0% or more 15.0% – 29.9% less than 15.0% DAMAN & DIU Co-funded GATS Highest number of smokeless tobacco users (206 million) among 22 GATS countries Enforcement of the national comprehensive tobacco control law needs further strengthening

#### BANGLADESH

2009

available

Highest tobacco use prevalence (43%) and smokeless tobacco use (27%) among 22 GATS countries

**Highest** percentage of women

National, regional, and state-specific estimates are

using tobacco (29%) predominantly smokeless

**21%** of men are bidi smokers 



▲ Survey interview in progress in Bangladesh.

▲ Survey interview in progress in India.

□ FROM JUNE 2014, GRAPHIC HEALTH **WARNINGS ARE REQUIRED TO COVER 40%** OF CIGARETTE PACKAGING

#### THAILAND O-

2009, Co-funded GATS repeat survey, 2011

30% of men smoke manufactured cigarettes and 27% smoke hand-rolled cigarettes



A law to increase the size of the health warning on the front of packaging from 50% of area to 85% was passed in 2014

Has a comprehensive tobacco control law in place

Tobacco taxes **fund** the tobacco control programs Repeated the GATS survey in 2011







Highest male smoking prevalence among 22 GATS countries

Highest percentage of adults exposed to secondhand smoke at home

Highest percentage of adults noticing cigarette company sponsorship of sporting events and cigarette advertisements on TV, billboards and in stores

Since GATS, the 2012 legislation has restricted outdoor tobacco advertising and sponsorship

Not yet a party to the WHO FCTC



▲ Survey interview in progress in Indonesia.

# 38 Regional Highlights: Western Pacific

CHINA 2010 Largest number of tobacco users in the world (301 million)

Largest number of adults exposed to secondhand smoke at work (246 million) and home (717 million)

Lowest percentage among 22 GATS countries of adults aware of the harms of secondhand smoke

REGULATIONS REQUIRE ALL HEALTHCARE **FACILITIES**, PRIMARY, MIDDLE AND HIGH SCHOOLS, AND ENCLOSED PUBLIC PLACES TO BE **SMOKE FREE**. HOWEVER, **ENFORCEMENT IS A CHALLENGE** 

A NATIONAL TOBACCO CONTROL LAW **FOCUSING ON PUBLIC PLACES AND A REVISION OF NATIONAL ADVERTISEMENT LAW ARE BEING DRAFTED AS OF JUNE 2014** 

▲ Survey interview in progress in China.

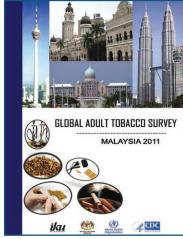
PHILIPPINES O-2009, Will fund GATS repeat survey

> Highest tobacco smoking prevalence among women in the region

71% of adults are exposed to cigarette advertising

**54%** of adults notice **advertising in stores** where cigarettes are sold

The 2012 Sin Tax Reform Act significantly increased tobacco taxes



MALAYSIA O 2011

Highest percentages among 22 GATS countries of adults noticing anti-cigarette information on the radio, billboards and in newspapers/magazines

WHO Western Pacific region

country has completed GATS

other region

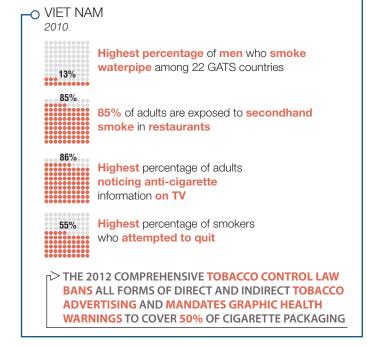
not applicable

Lowest percentage of female tobacco users who use tobacco within 30 minutes of waking up



Highest quit intention among women

Comprehensive ban on tobacco advertising, promotion and sponsorship



# Part Ten DISSEMINATION



# Article 20: Research, surveillance and exchange of information

Parties shall ... cooperate with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of tobacco-related surveillance data.

#### **Quotes from Country Partners**

- GATS assists countries to not only monitor, but accurately monitor, tobacco control policies

  Argentina
- GATS has been a useful instrument in furthering the activities on Tobacco Control
- GATS data were instrumental to the national tobacco control policy
- Nigeria aims to use the findings to strengthen our national tobacco control plan and for the eventual elimination of tobacco as a public health risk factor
- Without GATS data we were shooting in the dark. We can now invest our resources where most needed for saving lives

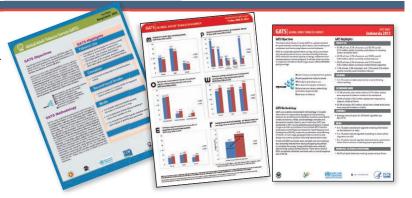
  Philippines
- The information from GATS continues to increase the effectiveness of health policies and to reduce the smoking epidemic, thereby promoting the health of Poles
- GATS findings were instrumental in justifying the adoption of a new strong law on tobacco control, protecting people from exposure to tobacco smoke and the consequences of tobacco consumption

  Russian Federation

# **39** Data Dissemination

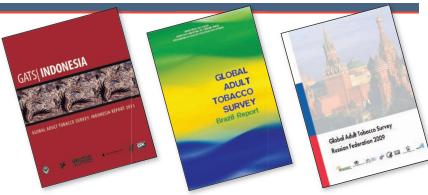
#### **FACT SHEETS**

Fact sheets provide data highlights and key messages from the survey results.



#### **COUNTRY REPORTS**

Country reports document in detail the survey methodology, results, policy context, and recommendations.



#### **COUNTRY OWNERSHIP AND RELEASES**

The national governments provide leadership and coordination for data releases. The data belong to the country, and the health ministries disseminate the results to the press, public, policy makers, and advocates. The country releases aim to focus attention on the current state of the policies, and recommend effective strategies.



#### **DATA COORDINATING CENTER**

#### ► Function -

CDC is the designated Data Coordinating Center (DCC) and depository of the GTSS data, including GATS at an international level. The DCC provides data management, quality assurance, standardization, and data repository functions, as well as data sharing, release, and dissemination.

#### ► GATS Comprehensive Standard Protocol

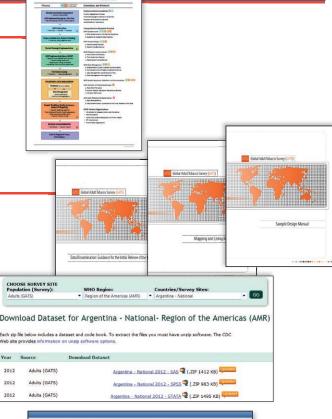
The standard guidelines, manuals, and technical assistance are available to countries to ensure systematic GATS implementation.

#### Public Use Datasets

All GATS data, with the exception of any confidential information, are publicly available, along with the codebook, one year after the release of the country report by the national government.

#### Interactive Web Application –

Data can be accessed from various GTSS surveys. Data can be tracked by country, region, and MPOWER indicators at http://apps.nccd.cdc.gov/gtssdata

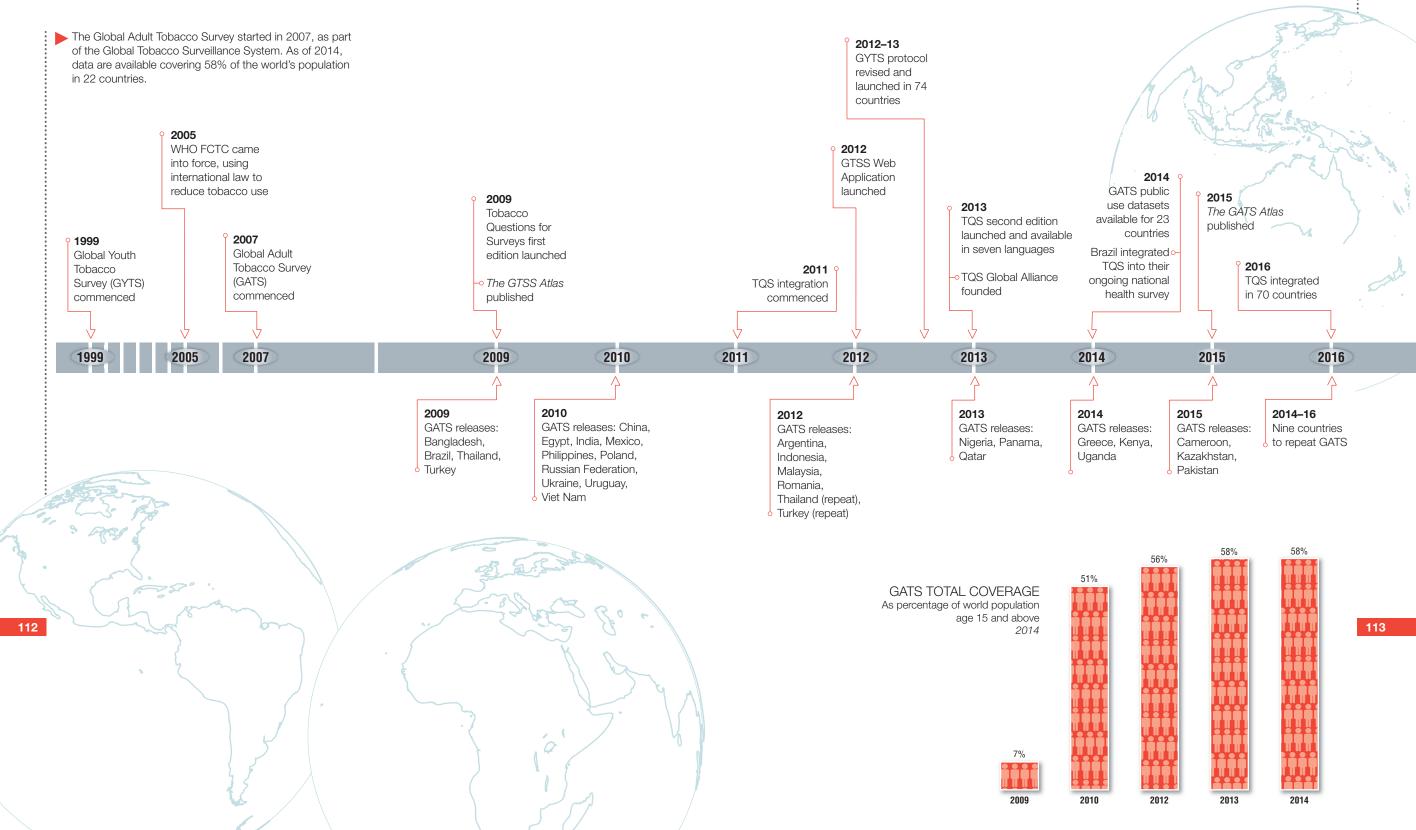


# Global Tobacco Surveillance System Data (GTSSData) \*\*International disease formed and specific formed and

#### **WEBSITES**

GATS comprehensive standard protocol, fact sheets, country reports and datasets are available at www.who.int and www.cdc.gov. Each WHO regional website also hosts respective country information.

# **40** Timeline



.....

# **GATS** Data

		GATS overview						Monitor use and policies								
	Number of interviews	Response rate (%)	adu ar	Population of adults age 15 and above (in millions)			Prevalence of current tobacco use (%)			mber o	rs	Prevalence of daily tobacco use (%)				
Country (survey year)	overall	overall	overall	male	female	overall			overall		female	overall		female		
Argentina (2012)	6,645	74.3	27.6	13.1	14.5	22.2	29.4	15.6	6.1	3.9	2.3	17.1	21.9	12.7		
Bangladesh (2009)	9,629	93.6	95.4	47.4	48.0	43.3	58.0	28.7	41.3	27.5	13.8	40.0	52.8	27.3		
Brazil (2008)	39,425	94.0	143.0	68.5	74.5	17.5	22.0	13.3	25.0	15.1	9.9	15.3	19.2	11.7		
China (2010)	13,354	96.0	1,068.8	544.5	524.3	28.1	52.9	2.4	300.8	288.1	12.7	24.1	45.4	2.0		
Egypt (2009)	20,924	97.2	49.7	25.3	24.3	19.7	38.1	0.6	9.8	9.6	0.2	18.8	36.3	0.6		
Greece (2013)	4,359	69.6	9.3	4.6	4.7	38.2	51.2	25.7	3.5	2.3	1.2	36.6	49.7	23.9		
India (2010)	69,296	91.8	795.5	411.1	384.4	34.6	47.9	20.3	274.9	197.0	77.9	29.1	40.8	16.7		
Indonesia (2011)	8,305	94.3	172.1	85.9	86.2	35.7	67.1	4.4	61.4	57.6	3.8	29.8	56.8	3.0		
Malaysia (2011)	4,250	85.3	20.5	10.6	10.0	23.4	44.0	1.6	4.8	4.6	0.2	21.1	39.9	1.2		
Mexico (2009)	13,617	82.5	68.8	32.8	36.0	16.0	25.0	7.9	11.0	8.2	2.9	7.6	11.9	3.7		
Nigeria (2012)	9,765	89.1	81.7	40.9	40.8	5.5	9.9	1.1	4.5	4.1	0.5	4.2	7.6	0.8		
Panama (2013)	16,962	88.4	2.7	1.3	1.3	6.3	9.6	3.0	0.2	0.1	0.04	2.9	4.5	1.3		
Philippines (2009)	9,701	94.7	61.3	30.6	30.7	29.5	49.2	10.0	18.1	15.0	3.1	23.7	39.7	7.8		
Poland (2010)	7,840	65.1	32.3	15.4	16.9	30.5	37.3	24.4	9.9	5.8	4.1	27.0	33.6	21.0		
Qatar (2013)	8,398	98.5	0.4	0.2	0.2	12.5	21.0	3.1	0.1	0.05	0.01	9.8	17.2	1.7		
Romania (2011)	4,517	89.1	18.2	8.8	9.4	26.7	37.4	16.7	4.8	3.3	1.6	24.3	34.9	14.5		
Russian Federation (2009)	11,406	97.7	112.2	50.8	61.4	39.3	60.6	21.7	44.2	30.8	13.3	33.9	55.1	16.3		
Thailand (2009)	20,566	94.2	52.6	25.6	27.0	27.2	46.4	9.1	14.3	11.9	2.5	23.6	39.9	8.1		
Thailand (2011)*	20,606	96.3	54.2	26.3	27.9	26.9	47.2	7.6	14.6	12.4	2.1	24.3	42.6	6.9		
Turkey (2008)	9,030	90.9	51.2	25.1	26.1	31.2	47.9	15.2	16.0	12.0	4.0	27.4	43.8	11.6		
Turkey (2012)*	9,851	90.1	54.5	26.9	27.7	27.1	41.5	13.1	14.8	11.1	3.6	23.8	37.3	10.7		
Ukraine (2010)	8,158	76.1	40.0	18.2	21.8	28.9	50.1	11.3	11.6	9.1	2.5	25.5	45.5	8.9		
Uruguay (2009)	5,581	95.2	2.5	1.2	1.3	25.0	30.7	19.8	0.6	0.4	0.3	20.4	24.8	16.4		
Viet Nam (2010)	9,925	92.7	64.3	31.3	33.1	25.0	47.6	3.6	16.1	14.9	1.2	20.4	38.8	3.0		

<sup>~:</sup> Indicates estimate based on less than 25 unweighted cases and has been suppressed.

For precision, the number of decimal places may vary, depending on the indicator and country.

		Monitor use and policies										
	Pe	rcentage tobacco	distributio use by ao (%)	Number of current tobacco smokers (In millions)	urrent tobacco current smokers tobacco smoking				Prevalence of current daily tobacco smoking (%)			
Country (survey year)	15 – 17	18 – 24	25 – 44	45 – 64	65 <sup>+</sup>	overall	overall	male	female	overall	male	female
Argentina (2012)	8.6	25.4	27.1	24.0	8.8	6.1	22.1	29.4	15.6	17.1	21.9	12.7
Bangladesh (2009)	8.2	20.4	44.8	68.8	70.8	21.9	23.0	44.7	1.5	20.9	40.7	1.3
Brazil (2008)	4.1	13.7	18.4	23.1	14.5	24.6	17.2	21.6	13.1	15.1	18.9	11.5
China (2010)	4.0	22.1	31.0	33.6	22.7	300.7	28.1	52.9	2.4	24.1	45.4	2.0
Egypt (2009)	4.1	13.7	23.3	25.8	20.5	9.7	19.4	37.6	0.5	18.5	35.8	0.5
Greece (2013)	6.8	38.4	50.7	43.2	15.3	3.5	38.2	51.2	25.7	36.6	49.7	23.9
India (2010)	9.6	21.4	37.3	47.1	47.8	111.2	14.0	24.3	2.9	10.7	18.3	2.4
Indonesia (2011)	15.4	31.6	38.0	40.5	37.5	59.9	34.8	67.0	2.7	29.2	56.7	1.8
Malaysia (2011)	7.2	20.7	29.4	23.1	16.1	4.7	23.1	43.9	1.0	20.9	39.9	0.7
Mexico (2009)	10.2	20.2	17.1	15.8	8.1	10.9	15.9	24.8	7.8	7.6	11.8	3.7
Nigeria (2012)	1.0	1.8	6.0	10.4	12.3	3.1	3.9	7.3	0.4	2.9	5.6	0.3
Panama (2013)	2.8	4.6	7.2	7.4	5.0	0.2	6.1	9.4	2.8	2.8	4.4	1.2
Philippines (2009)	12.3	25.7	32.9	33.5	32.0	17.3	28.2	47.6	9.0	22.5	38.2	6.9
Poland (2010)	11.2	28.5	35.2	37.8	11.8	9.8	30.3	36.9	24.4	27.0	33.5	21.0
Qatar (2013)	2.4	8.4	14.3	15.0	8.4	0.1	12.1	20.2	3.1	9.5	16.5	1.7
Romania (2011)	14.4	25.5	36.3	28.0	7.6	4.8	26.7	37.4	16.7	24.3	34.9	14.5
Russian Federation (2009)	18.9	48.6	49.7	38.2	14.9	43.9	39.1	60.2	21.7	33.8	55.0	16.3
Thailand (2009)	8.0	23.8	26.9	28.7	39.8	12.5	23.7	45.6	3.1	20.3	39.2	2.4
Thailand (2011)*	15.9	24.3	26.7	28.6	31.8	13.0	24.0	46.6	2.6	21.5	42.0	2.1
Turkey (2008)	13.0	29.3	39.9	29.5	10.3	16.0	31.2	47.9	15.2	27.4	43.8	11.6
Turkey (2012)*	9.7	25.2	35.7	25.9	8.8	14.8	27.1	41.5	13.1	23.8	37.3	10.7
Ukraine (2010)	17.6	34.1	40.1	27.0	8.5	11.5	28.9	50.0	11.3	25.5	45.5	8.9
Uruguay (2009)	14.0	29.5	30.4	28.6	8.1	0.6	25.0	30.7	19.8	20.4	24.8	16.4
Viet Nam (2010)	2.8	17.8	29.0	30.8	24.5	15.3	23.8	47.4	1.4	19.5	38.7	1.2

<sup>-:</sup> Data not available.

For precision, the number of decimal places may vary, depending on the indicator and country.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

<sup>~:</sup> Indicates estimate based on less than 25 unweighted cases and has been suppressed.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

					Monito	or use a	ınd poli	cies						
		lence of cu less tobac (%)		Pattern of tobacco use among current users (%)										
					moked on					Dual use				
Country (survey year)	overall	male	female	overall	male	female	overall	male	female	overall	male	female		
Argentina (2012)	0.2	0.1	0.2	99.3	99.7	98.7	0.2	0.1	0.5	0.4	0.2	0.8		
Bangladesh (2009)	27.2	26.4	27.9	37.3	54.6	2.7	46.9	23.0	94.7	15.8	22.5	2.5		
Brazil (2008)	0.4	0.6	0.3	97.5	97.2	98.0	1.9	2.0	1.7	0.6	0.8	0.4		
China (2010)	0.4	0.7	0.0	98.6	98.6	98.3	0.0	0.0	0.5	1.4	1.4	1.2		
Egypt (2009)	2.2	4.1	0.3	88.8	89.3	56.0	1.5	1.2	18.9	9.7	9.5	25.1		
Greece (2013)	0.2	0.2	0.2	99.5	99.6	99.4	0.0	0.0	0.0	0.5	0.4	0.6		
India (2010)	25.9	32.9	18.4	25.1	31.3	9.2	59.5	49.3	85.5	15.4	19.4	5.3		
Indonesia (2011)	1.7	1.5	1.9	95.2	97.8	56.6	2.5	0.1	39.8	2.2	2.1	3.7		
Malaysia (2011)	0.7	0.9	0.6	96.9	98.0	64.7	1.3	0.2	35.3	1.7	1.8	0.0		
Mexico (2009)	0.3	0.3	0.3	98.0	98.8	95.8	0.9	0.6	1.7	1.1	0.6	2.5		
Nigeria (2012)	1.9	2.9	0.9	65.4	70.4	21.9	30.5	26.1	68.9	4.1	3.5	9.2		
Panama (2013)	0.8	1.0	0.5	87.8	89.3	83.0	3.7	2.4	7.6	8.5	8.2	9.3		
Philippines (2009)	1.9	2.7	1.2	93.4	94.4	88.4	4.3	3.1	10.3	2.3	2.5	1.3		
Poland (2010)	0.5	1.0	0.1	98.3	97.2	99.7	0.6	1.0	0.0	1.1	1.7	0.3		
Qatar (2013)	0.7	1.3	0.0	94.4	93.7	100.0	3.5	4.0	0.0	2.0	2.3	0.0		
Romania (2011)	0.3	0.4	0.2	98.9	99.0	98.8	0.0	0.1	0.0	1.0	1.0	1.2		
Russian Federation (2009)	0.6	1.0	0.2	98.5	98.3	99.1	0.5	0.7	0.2	1.0	1.0	0.7		
Thailand (2009)	3.9	1.3	6.3	85.7	97.1	30.8	12.9	1.8	66.0	1.4	1.0	3.3		
Thailand (2011)*	3.2	1.1	5.2	88.0	97.7	31.4	10.8	1.4	65.8	1.2	0.9	2.8		
Turkey (2008)	-	_	-	-	-	-	-	-	-	-	-	-		
Turkey (2012)*	-	_	-	-	-	-	-	-	-	-	-	_		
Ukraine (2010)	0.2	0.5	0.0	99.3	99.1	99.9	0.2	0.2	0.0	0.6	0.7	0.1		
Uruguay (2009)	0.0	0.0	0.0	100.0	100.0	100.0	0.00	0.00	0.00	0.02	0.04	0.00		
Viet Nam (2010)	1.3	0.3	2.3	94.7	99.4	36.6	4.8	0.4	59.8	0.5	0.2	3.5		

–: Data not availab
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 $<sup>\</sup>sim$ : Indicates estimate based on less than 25 unweighted cases and has been suppressed.

For precision, the number of decimal places may vary, depending on the indicator and country.

				Monito	r use and p	policies				
	smok	erage age of of or	among kers		ntage of form ers among ev smokers (%)		Average number of cigarettes smoked per day among current daily smokers			
Country (survey year)	overall	male	female	overall	male	female	overall	male	female	
Argentina (2012)	16.3	16.5	16.1	39.5	37.5	42.5	15.2	16.6	13.0	
Bangladesh (2009)	17.4	17.4	~	17.8	16.6	41.3	8.6	8.7	~	
Brazil (2008)	17.2	17.1	17.3	46.9	46.4	47.7	13.8	14.7	12.4	
China (2010)	19.5	19.5	~	12.8	12.6	16.8	16.5	16.6	12.8	
Egypt (2009)	17.1	17.1	~	16.6	16.5	21.2	19.3	19.4	~	
Greece (2013)	17.7	17.5	18.1	24.0	24.5	23.1	19.8	21.3	16.8	
India (2010)	18.3	18.3	17.2	12.6	12.1	16.2	6.2	6.1	7.0	
Indonesia (2011)	17.6	17.6	~	9.5	9.0	23.2	12.8	13.0	8.1	
Malaysia (2011)	17.2	17.2	~	9.5	9.4	10.0	13.9	14.0	~	
Mexico (2009)	16.6	16.5	17.1	32.0	31.6	33.1	9.4	9.7	8.4	
Nigeria (2012)	18.2	18.3	~	36.2	35.2	53.8	8.3	8.0	~	
Panama (2013)	16.9	16.7	17.4	37.0	30.6	52.3	14.8	16.3	10.1	
Philippines (2009)	17.7	17.6	19.2	21.5	20.9	25.0	10.6	11.3	6.9	
Poland (2010)	17.7	17.6	18.0	36.5	38.3	33.7	17.2	18.3	15.5	
Qatar (2013)	18.1	18.1	18.0	27.3	27.6	24.7	17.2	17.6	10.9	
Romania (2011)	17.1	16.7	18.0	28.0	28.2	27.5	16.6	17.7	14.1	
Russian Federation (2009)	16.7	16.6	17.1	18.3	18.8	17.1	17.0	18.5	12.7	
Thailand (2009)	17.6	17.6	18.4	28.8	28.4	34.4	12.6	12.9	8.6	
Thailand (2011)*	17.4	17.3	19.0	27.2	26.8	33.8	12.5	12.6	9.3	
Turkey (2008)	17.1	16.7	17.9	26.5	27.2	23.9	17.7	19.3	12.2	
Turkey (2012)*	17.2	16.9	18.1	27.2	26.9	28.3	19.2	20.3	15.3	
Ukraine (2010)	17.3	16.9	18.4	25.9	26.1	25.0	16.9	18.1	11.8	
Uruguay (2009)	16.5	16.3	16.7	42.0	42.8	41.0	15.4	17.6	12.5	
Viet Nam (2010)	19.0	19.1	~	23.5	23.3	28.6	13.5	13.6	10.9	

<sup>-:</sup> Data not available.

For precision, the number of decimal places may vary, depending on the indicator and country.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

 $<sup>\</sup>sim$ : Indicates estimate based on less than 25 unweighted cases and has been suppressed.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

#### Monitor use and policies

# Percentage distribution of cigarettes smoked per day among current daily smokers (%)

							20 or more			
Country (survey year)	overall	male		overall	male	female	overall	male	female	
Argentina (2012)	45.0	34.1	62.0	9.5	11.3	6.8	45.5	54.7	31.1	
Bangladesh (2009)	78.3	78.2	~	10.7	10.8	~	11.1	11.1	~	
Brazil (2008)	52.2	48.6	57.8	12.4	12.8	11.8	35.3	38.6	30.3	
China (2010)	39.9	39.1	58.4	13.0	13.1	11.3	47.1	47.8	30.3	
Egypt (2009)	11.8	11.5	~	2.2	2.2	~	86.0	86.2	~	
Greece (2013)	21.2	15.9	32.0	21.3	19.8	24.4	57.5	64.3	43.5	
India (2010)	88.4	88.9	82.1	6.7	6.3	12.0	4.9	4.8	6.0	
Indonesia (2011)	37.5	36.4	72.9	46.9	47.7	20.4	15.6	15.9	6.7	
Malaysia (2011)	48.6	48.0	~	17.9	18.1	~	33.6	33.9	~	
Mexico (2009)	77.1	75.4	81.9	6.0	6.8	3.8	16.9	17.8	14.3	
Nigeria (2012)	76.5	77.4	~	12.4	12.9	~	11.0	9.7	~	
Panama (2013)	49.7	44.0	66.9	13.3	10.1	23.0	37.0	45.9	10.2	
Philippines (2009)	69.0	65.9	86.4	8.5	9.2	4.1	22.5	24.9	9.5	
Poland (2010)	29.4	25.2	35.5	19.2	16.7	22.7	51.4	58.0	41.8	
Qatar (2013)	32.5	29.9	66.1	14.1	14.6	7.5	53.4	55.5	26.5	
Romania (2011)	34.2	27.5	49.4	14.6	14.3	15.3	51.1	58.2	35.3	
Russian Federation (2009)	33.8	25.1	58.0	15.6	15.9	14.9	50.6	59.0	27.1	
Thailand (2009)	55.8	54.5	78.1	20.1	20.7	9.4	24.1	24.8	12.5	
Thailand (2011)*	57.9	57.0	76.3	18.0	18.4	9.3	24.1	24.6	14.4	
Turkey (2008)	33.9	26.0	62.5	12.1	13.1	8.4	54.0	60.9	29.2	
Turkey (2012)*	29.6	23.7	49.5	12.2	12.3	11.7	58.2	64.0	38.8	
Ukraine (2010)	32.8	25.5	63.9	16.1	17.6	9.9	51.1	57.0	26.2	
Uruguay (2009)	47.6	38.8	59.3	15.5	15.2	15.9	36.9	46.0	24.7	
Viet Nam (2010)	60.2	59.8	72.3	10.5	10.7	5.2	29.3	29.5	22.5	

-: Data not available.

For precision, the number of decimal places may vary, depending on the indicator and country.

	Percent		ts exposed places (%)	to smoke	Number of adults exposed to smoke	Exposure at work	kplace	Exposure to smoke in the home (in millions)		
	government buildings	healthcare facilities	restaurants	public transportation	in public places** (in millions)	total workforce	total exposed	total at home	total exposed	
Country (survey year)	overall	overall	overall	overall	overall	overall	overall	overall	overall	
Argentina (2012)	24.5	8.8	23.2	16.6	6.8	10.7	3.4	27.5	9.1	
Bangladesh (2009)	43.3	23.8	79.7	53.6	42.8	16.5	10.2	93.3	51.2	
Brazil (2008)	18.0	10.1	31.7	9.5	25.8	49.7	11.6	143.0	39.9	
China (2010)	58.4	37.9	88.5	34.1	599.7	388.0	245.7	1,065.8	716.9	
Egypt (2009)	72.7	49.2	72.7	79.6	34.4	9.2	5.5	48.5	30.3	
Greece (2013)	18.2	6.8	72.2	6.9	3.8	3.0	1.6	9.2	6.0	
ndia (2010)	26.2	16.8	47.8	33.9	228.4	125.0	37.3	782.4	313.0	
ndonesia (2011)	63.4	17.9	85.4	70.0	78.7	28.4	14.6	170.0	133.3	
Malaysia (2011)	20.0	8.7	71.0	28.2	9.6	5.8	2.3	19.9	7.6	
Mexico (2009)	17.0	4.3	29.6	24.2	15.9	15.5	2.9	68.6	11.9	
Nigeria (2012)	16.7	5.3	29.3	9.4	13.1	15.8	2.7	78.9	5.2	
Panama (2013)	8.6	7.3	12.4	8.2	0.4	0.7	0.04	2.7	0.1	
Philippines (2009)	25.5	7.6	33.6	55.3	33.7	13.7	4.5	60.4	32.9	
Poland (2010)	10.0	4.6	52.0	8.4	6.7	12.9	4.3	31.8	14.1	
Qatar (2013)	7.8	4.3	25.9	14.0	0.1	0.2	0.03	0.4	0.1	
Romania (2011)	20.7	10.4	86.6	8.9	5.9	5.8	2.0	18.1	6.4	
Russian Federation (2009)	17.0	10.2	78.6	24.9	39.3	62.9	21.9	111.6	38.7	
Thailand (2009)	13.0	4.8	34.4	21.6	9.2	12.1	3.3	52.4	17.4	
Thailand (2011)*	14.7	7.3	46.9	25.6	16.5	13.8	4.2	54.2	19.5	
Turkey (2008)	11.3	6.0	55.9	16.5	16.1	14.2	5.3	50.5	28.5	
Turkey (2012)*	6.5	3.8	12.9	10.4	7.5	15.6	2.4	54.4	20.8	
Jkraine (2010)	10.1	6.6	64.1	17.5	11.9	15.7	5.2	39.8	9.4	
Uruguay (2009)	6.9	3.8	4.4	5.4	0.2	1.0	0.2	2.5	0.8	
Viet Nam (2010)	38.7	23.6	84.9	34.4	20.9	14.3	8.0	64.0	46.8	

<sup>-:</sup> Data not available.

For precision, the number of decimal places may vary, depending on the indicator and country.

 $<sup>\</sup>sim$ : Indicates estimate based on less than 25 unweighted cases and has been suppressed.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

 $<sup>\</sup>sim$ : Indicates estimate based on less than 25 unweighted cases and has been suppressed.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

						0	ffer help to	quit				
Country	tobad 30 i	entage c cco use minutes vaking ( <sup>c</sup>	within after	curre	Percentage of current smokers intending to quit (%)		Percent smokers cessation a 12 mc (%	attem	tage of s pting to t 12 mo (%)	Number of smokers attempting to quit in past 12 months (in millions)		
Country (survey year)	overall	male	female	overall	male	female	pharmacology	counselling/ advice	overall	male	female	overall
Argentina (2012)	28.5	26.1	32.3	73.6	74.9	71.3	4.1	2.5	48.6	47.9	49.6	3.3
Bangladesh (2009)	41.7	42.3	40.3	68.0	69.1	36.9	_	14.9	47.3	47.8	31.5	10.7
Brazil (2008)	60.0	62.8	55.8	-	_	-	6.7	15.2	45.6	43.0	49.5	12.1
China (2010)	50.3	50.3	50.3	41.2	41.6	33.8	3.3	3.0	14.4	14.2	18.6	44.6
Egypt (2009)	35.2	35.1	44.7	42.2	42.3	35.3	2.0	4.0	41.1	41.1	44.4	4.1
Greece (2013)	72.2	76.2	64.2	53.0	50.3	58.1	15.1	2.7	18.9	16.9	22.7	0.7
India (2010)	60.1	62.1	55.1	46.6	47.3	40.6	4.0	9.2	38.4	38.3	38.9	43.8
Indonesia (2011)	38.3	38.6	30.0	48.8	48.9	45.8	25.7	7.0	30.4	29.8	44.6	18.5
Malaysia (2011)	47.5	48.1	16.8	70.7	70.4	82.8	9.0	4.4	48.6	48.7	45.7	2.3
Mexico (2009)	27.4	25.7	32.6	72.1	71.0	75.5	6.2	2.9	49.9	47.2	57.4	6.1
Nigeria (2012)	55.3	54.4	63.8	66.3	68.2	~	5.2	15.0	45.4	45.8	~	1.5
Panama (2013)	43.7	47.3	31.8	64.4	62.1	71.8	6.2	12.0	45.2	44.4	48.2	0.1
Philippines (2009)	56.6	59.7	39.4	60.4	60.3	60.5	5.9	12.3	47.9	46.7	53.9	8.7
Poland (2010)	60.0	62.2	56.7	50.2	48.0	53.1	24.9	3.5	35.1	34.7	35.5	3.7
Qatar (2013)	43.3	41.9	59.2	66.8	68.6	53.5	21.6	15.9	38.2	37.7	41.3	0.02
Romania (2011)	69.5	72.0	63.7	62.8	62.5	63.3	8.9	1.7	37.8	36.1	41.2	1.9
Russian Federation (2009)	59.0	63.6	45.8	60.3	55.8	70.7	20.1	5.7	32.1	29.4	38.1	14.6
Thailand (2009)	58.8	60.7	50.0	60.0	60.5	52.9	10.6	5.8	49.8	49.9	47.4	6.4
Thailand (2011)*	56.2	57.6	47.9	54.0	53.9	56.4	7.6	4.8	36.7	36.5	39.4	4.9
Turkey (2008)	41.1	42.6	35.5	53.0	53.6	51.1	9.3	1.8	44.8	44.1	46.9	7.7
Turkey (2012)*	42.1	42.7	39.8	55.2	53.8	59.3	13.6	8.0	46.0	45.1	48.8	7.2
Ukraine (2010)	61.7	64.1	51.5	68.0	66.3	74.0	1.9	2.7	40.5	39.1	45.6	5.0
Uruguay (2009)	35.5	38.2	31.7	75.7	76.7	74.3	18.2	12.4	48.6	48.4	48.9	0.3
Viet Nam (2010)	66.2	66.4	60.2	67.5	68.4	36.8	24.5	3.0	55.3	55.6	44.4	8.9

<sup>~:</sup> Indicates estimate based on less than 25 unweighted cases and has been suppressed.

For precision, the number of decimal places may vary, depending on the indicator and country.

		(	Offer h	elp to	quit		Warn of danger							
			e of curi recent o	uitters				entage of eving sm causes (	oking	Percentage of adults believing secondhand smoke	Number of current smokers considering quitting because			
	by heal	asked about smoking by healthcare providers in past 12 months (%) advised to quit the healthcare provid in past 12 months		viders	stroke	heart attack	lung cancer	causes serious illness among non-smokers (%)	health warnings on cigarette packaging (in millions)					
Country (survey year)	overall	male	female	overall	male	female	overall	overall	overall	overall	overall			
Argentina (2012)	80.1	82.2	77.3	60.5	60.7	60.4	73.6	91.0	98.6	92.6	2.0			
Bangladesh (2009)	56.0	55.9	64.6	52.9	52.7	61.6	81.6	85.9	91.5	93.4	12.6			
Brazil (2008)	71.0	70.2	71.8	57.1	55.7	58.5	74.3	87.0	96.2	91.4	16.0			
China (2010)	40.8	41.7	25.5	33.9	34.5	23.1	27.2	38.7	77.5	64.3	94.5			
Egypt (2009)	74.1	75.3	35.8	67.0	68.4	23.4	88.6	95.0	96.2	96.3	4.2			
Greece (2013)	83.8	88.9	77.8	72.2	78.7	64.8	76.6	91.2	96.3	84.9	0.5			
India (2010)	53.0	54.0	45.5	46.3	47.3	38.9	49.4	63.9	84.9	82.9	31.6			
Indonesia (2011)	40.5	41.6	17.9	34.6	35.7	13.0	45.5	81.5	84.7	73.7	16.2			
Malaysia (2011)	67.6	67.3	~	52.6	52.2	~	80.7	88.8	93.7	85.8	2.1			
Mexico (2009)	64.7	64.3	65.6	17.3	17.9	16.1	60.4	79.7	96.7	95.6	3.6			
Nigeria (2012)	69.7	71.3	~	61.2	62.4	~	51.4	76.8	73.0	74.5	0.8			
Panama (2013)	73.6	71.0	79.5	60.4	63.7	53.0	73.5	83.5	97.0	87.5	0.1			
Philippines (2009)	67.5	71.6	53.4	51.6	53.2	46.2	73.3	78.9	92.8	91.6	6.5			
Poland (2010)	57.2	58.9	55.4	41.8	41.2	42.5	61.8	79.9	92.6	81.4	1.7			
Qatar (2013)	77.4	78.8	68.8	71.3	72.9	61.6	79.5	93.7	96.4	95.1	0.03			
Romania (2011)	82.1	85.1	77.6	67.3	68.8	65.0	89.2	90.0	98.3	94.2	1.5			
Russian Federation (2009)	45.4	47.7	41.3	31.8	34.2	27.5	67.3	71.0	91.2	81.9	13.9			
Thailand (2009)	60.2	59.9	63.9	51.9	52.3	48.7	79.6	75.7	97.5	94.9	8.4			
Thailand (2011)*	65.3	65.0	68.2	55.8	55.9	54.5	81.0	77.3	97.8	94.2	8.1			
Turkey (2008)	49.0	49.1	48.8	40.7	42.2	38.0	82.1	93.6	96.1	95.5	7.4			
Turkey (2012)*	51.4	49.1	56.3	42.9	41.3	46.4	84.8	95.5	97.7	96.2	7.8			
Ukraine (2010)	41.7	43.1	38.2	30.8	32.4	26.9	77.9	79.3	91.2	86.3	6.6			
Uruguay (2009)	76.6	75.1	77.9	54.5	56.7	52.3	76.5	92.0	96.8	93.8	0.3			
Viet Nam (2010)	34.9	35.3	25.6	29.7	30.2	20.3	70.3	62.7	95.6	87.0	10.2			

 <sup>–:</sup> Data not available.

For precision, the number of decimal places may vary, depending on the indicator and country.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

<sup>~:</sup> Indicates estimate based on less than 25 unweighted cases and has been suppressed.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

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		Warn of danger							Enforce market bans					
	Percentage of current smokers considering quitting because of health warnings on cigarette packaging (%)			Percentage of adults noticing anti-cigarette information (%)					Number of adults noticing	Number of Percenta adults ciga noticing	Number of adults noticing Percentage of ad	Number of adults noticing Percentage of adults cigarette advertising (%)		
Country				newspaper/ magazine	billboard to	television	radio		advertising (in millions)		advertising newspaper/billboard	advertising newspaper/billboard television		
survey year)	overall	male	female	overall	overall	overall	overal		overall	overall overall	overall overall overall	overall overall overall		
gentina (2012)	32.9	33.9	31.3	42.9	28.6	58.3	32.4		16.2	16.2 18.0	16.2 18.0 20.6	16.2 18.0 20.6 24.7		
angladesh (2009)	58.5	60.1	7.4	9.7	16.4	36.5	10.9		38.8	38.8 1.9	38.8 1.9 6.1	38.8 1.9 6.1 5.4		
azil (2008)	65.0	63.5	67.2	39.4	19.5	63.9	30.3	1	43.5	43.5 –	43.5 – –	43.5 – – –		
nina (2010)	31.5	32.0	21.4	21.8	20.5	45.4	6.0		150.4	150.4 2.4	150.4 2.4 4.3	150.4 2.4 4.3 7.4		
gypt (2009)	43.3	43.2	55.4	13.7	27.5	51.9	18.9		4.7	4.7 0.5	4.7 0.5 0.9	4.7 0.5 0.9 0.7		
reece (2013)	15.3	13.9	17.9	9.7	6.3	25.7	3.8	ı	3.3	3.3 2.7	3.3 2.7 10.0	3.3 2.7 10.0 1.9		
ndia (2010)	28.6	31.2	5.2	25.1	21.5	36.0	15.1		181.4	181.4 4.7	181.4 4.7 7.2	181.4 4.7 7.2 6.2		
ndonesia (2011)	27.1	27.5	17.0	10.6	30.4	39.7	5.0		138.8	138.8 10.1	138.8 10.1 39.6	138.8 10.1 39.6 66.3		
lalaysia (2011)	45.8	45.7	51.7	68.9	72.0	85.2	47.8		6.0	6.0 13.4	6.0 13.4 14.4	6.0 13.4 14.4 14.5		
lexico (2009)	32.9	31.2	37.8	44.9	30.7	80.3	45.5		33.9	33.9 17.4	33.9 17.4 16.8	33.9 17.4 16.8 -		
igeria (2012)	26.7	27.1	~	14.2	8.8	15.9	32.6		10.9	10.9 2.8	10.9 2.8 3.0	10.9 2.8 3.0 2.8		
anama (2013)	41.0	39.0	47.7	46.8	27.2	49.7	37.2		0.7	0.7 8.8	0.7 8.8 6.0	0.7 8.8 6.0 10.5		
hilippines (2009)	37.4	37.9	34.6	30.9	26.0	59.8	38.7	1	42.8	42.8 12.5	42.8 12.5 13.7	42.8 12.5 13.7 24.4		
oland (2010)	17.7	15.2	21.2	39.0	24.8	59.3	27.9		5.0	5.0 2.0	5.0 2.0 -	5.0 2.0 – 2.8		
atar (2013)	51.4	52.4	43.7	40.6	39.7	34.1	28.9	1	0.1	0.1 10.8	0.1 10.8 -	0.1 10.8		
omania (2011)	30.6	28.6	34.7	35.1	25.8	76.7	25.3		5.2	5.2 –	5.2 – –	5.2 – – –		
ussian Federation (2009)	31.7	31.6	31.9	33.7	24.8	38.6	10.8		63.9	63.9 33.3	63.9 33.3 -	63.9 33.3 – 11.5		
hailand (2009)	67.0	67.8	55.5	27.4	39.0	74.4	33.5		4.2	4.2 0.4	4.2 0.4 0.2	4.2 0.4 0.2 0.8		
hailand (2011)*	62.6	62.9	59.0	20.2	32.6	68.1	28.7	l	10.3	10.3 0.1	10.3 0.1 0.2	10.3 0.1 0.2 0.6		
urkey (2008)	46.3	46.4	46.3	46.3	36.0	85.5	23.0		3.1	3.1 0.6	3.1 0.6 0.3	3.1 0.6 0.3 3.4		
urkey (2012)*	53.0	51.6	57.5	41.1	29.9	91.4	25.2		5.2	5.2 1.8	5.2 1.8 1.1	5.2 1.8 1.1 6.3		
lkraine (2010)	57.6	56.6	61.5	28.0	24.7	46.3	14.0		14.0	14.0 11.0	14.0 11.0 14.9	14.0 11.0 14.9 9.8		
Jruguay (2009)	42.9	40.5	46.2	37.4	52.1	67.4	42.5		0.9	0.9 6.9	0.9 6.9 13.1	0.9 6.9 13.1 13.1		
Viet Nam (2010)	66.7	67.6	38.1	30.8	42.8	85.9	28.0		7.0	7.0 0.7	7.0 0.7 0.7	7.0 0.7 0.7 2.1		

<sup>-:</sup> Data not available.

For precision, the number of decimal places may vary, depending on the indicator and country.

	Enfo	rce marke	t bans	Raise prices**						
			age of adults noticing is types of cigarette promotion (%)		Average cost of 2,000 manufactured	Average monthly expenditure on manufactured	Average monthly expenditure on manufactured cigarettes as % o			
Occupations	branded clothing	free cigarette samples	sponsored sports events	cigarettes (international \$)	cigarettes as % of GDP per capita (%)	cigarettes (international \$)	monthly GDP per capita (%)			
Country (survey year)	overall		overall	overall	overall	overall	overall			
Argentina (2012)	8.4	1.2	3.9	2.75	1.5	52.1	3.4			
Bangladesh (2009)	4.8	6.9	1.2	1.19	7.1	13.9	10.1			
Brazil (2008)	1.8	0.7	6.1	1.71	1.6	33.7	3.8			
China (2010)	1.3	0.5	3.5	1.84	2.5	39.6	6.3			
Egypt (2009)	2.1	0.4	2.1	1.72	2.8	47.8	9.3			
Greece (2013)	10.7	4.3	3.7	4.84	2.0	146.2	7.4			
India (2010)	3.0	1.0	-	2.89	9.4	16.8	6.5			
Indonesia (2011)	29.6	5.6	32.1	1.76	3.8	34.2	8.8			
Malaysia (2011)	7.8	2.7	-	4.19	2.6	74.4	5.5			
Mexico (2009)	11.0	2.8	6.2	3.51	2.6	28.8	2.6			
Nigeria (2012)	7.8	1.1	1.1	2.53	9.3	22.7	10.0			
Panama (2013)	2.3	1.2	1.5	3.80	2.2	56.9	4.0			
Philippines (2009)	18.3	8.3	2.8	0.83	2.3	11.2	3.7			
Poland (2010)	6.3	0.8	-	4.29	2.4	95.1	6.5			
Qatar (2013)	7.4	1.0	4.9	2.41	0.2	57.0	0.6			
Romania (2011)	5.2	4.4	5.0	4.95	4.0	116.2	11.3			
Russian Federation (2009)	20.9	13.0	6.6	1.32	0.9	30.1	2.4			
Thailand (2009)	6.6	0.3	1.1	2.66	3.1	34.3	4.9			
Thailand (2011)*	3.9	0.2	1.3	2.98	3.2	39.9	5.1			
Turkey (2008)	2.8	2.5	3.3	3.27	2.4	80.6	7.2			
Turkey (2012)*	2.0	3.1	1.9	4.36	3.0	111.1	9.1			
Ukraine (2010)	9.6	2.0	2.2	1.60	2.4	37.5	6.7			
Uruguay (2009)	5.4	1.6	5.2	3.34	2.6	55.7	5.2			
Viet Nam (2010)	3.2	0.8	0.9	1.11	3.5	18.9	7.2			

<sup>-:</sup> Data not available.

For precision, the number of decimal places may vary, depending on the indicator and country.

<sup>~:</sup> Indicates estimate based on less than 25 unweighted cases and has been suppressed.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

<sup>~:</sup> Indicates estimate based on less than 25 unweighted cases and has been suppressed.

<sup>\*:</sup> Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

<sup>\*\*:</sup> Estimates are calculated with outliers removed.

Asma S, Song Y, Cohen J, Eriksen M, Pechacek T, Cohen N, et al. CDC grand rounds: global tobacco control. MMWR. 2014. 63(13): 277-280.

Baquilod MM, Segarra AB, Barcenas G, Mercado SP, Rarick J, Palipudi KM, et al. Exposure to secondhand smoke among adults – Philippines, 2009. Glob Health Promot. 2013. doi: 10.1177/1757975913501530.

Benjakul S, Termsirikulchai L, Hsia J, Kengganpanich M, Puckcharern H, Touchchai C, et al. Current manufactured cigarette smoking and roll-your-own cigarette smoking in Thailand: findings from the 2009 global adult tobacco survey. BMC Public Health. 2013; 13(1):277.

Centers for Disease Control and Prevention. Adult awareness of tobacco advertising, promotion, and sponsorship – 14 countries. MMWR. 2012; 61(20):365.

Centers for Disease Control and Prevention. Antismoking messages and intention to quit – 17 countries, 2008-2011. MMWR. 2013; 62(21):417.

Centers for Disease Control and Prevention. Cigarette package health warnings and interest in quitting smoking – 14 countries, 2008–2010. MMWR. 2011: 60(20):645.

Centers for Disease Control and Prevention. Current tobacco use and secondhand smoke exposure among women of reproductive age – 14 countries, 2008–2010. MMWR. 2012; 61(43):877

Centers for Disease Control and Prevention. Differences by sex in tobacco use and awareness of tobacco marketing – Bangladesh, Thailand, and Uruguay, 2009. MMWR. 2010; 59(20):613.

Centers for Disease Control and Prevention. Health-care provider screening for tobacco smoking and advice to quit – 17 countries, 2008–2011. MMWR. 2013; 62(46):920.

Chaloupka FJ, Kostova D, Shang C. Cigarette excise tax structure and cigarette prices: evidence from the Global Adult Tobacco Survey and the US National Adult Tobacco Survey. Nicotine Tob Res. 2014; 16: S3-S9. doi: 10.1093/Ntr/Ntt121.

Erguder T, Bilir N, Ozcebe H, Irmak H, Tasti E, Ilter H, et al. Exposure to anti- and pro-tobacco advertising, promotions or sponsorships: Turkey, 2008. Glob Health Promot. 2013. doi: 10.1177/1757975913502369.

Fouad H, Awa FE, Naga RA, Emam AH, Labib S, Palipudi KM, et al. Prevalence of tobacco use among adults in Egypt, 2009. Glob Health Promot. 2013. doi: 10.1177/1757975913499801.

Giang KB, Minh HV, Nga PQ, Hai PT, Quan NT, Tong VT, et al. Factors associated with exposure to antismoking information among adults in Vietnam, Global Adult Tobacco Survey, 2010. Prev Chronic Dis. 2013; 10:e153. doi: 10.5888/Pcd10.120348.

Giovino GA, Mirza SA, Samet JM, Gupta PC, Jarvis MJ, Bhala N, et al. Tobacco use in 3 billion individuals from 16 countries: an analysis of nationally representative cross-sectional household surveys. Lancet. 2012; 380(9842):668-679.

Hsia J, Yang GH, Li Q, Xiao L, Yang Y, Wu YW, et al. Methodology of the global adult tobacco survey in China, 2010. Biom Environ Sci. 2010; 23(6):445.

King BA, Mirza SA, Babb SD. A cross-country comparison of secondhand smoke exposure among adults: findings from the Global Adult Tobacco Survey (GATS). Tob Control. 2012; 22(4):e5.

Kostova D, Chaloupka FJ, Yurekli A, Ross H, Cherukupalli R, Andes L, et al. A cross-country study of cigarette prices and

affordability: evidence from the Global Adult Tobacco Survey. Tob Control. 2012; 23(1):e3.

Kostova D, Andes L, Erguder T, Yurekli A, Keskinkılıç B, Polat Se, et al. Cigarette prices and smoking prevalence after a tobacco tax increase – Turkey, 2008 and 2012. MMWR. May 30, 2014; 63(21):457-461

Kostova D, Tesche J, Perucic AM, Yurekli A, Asma S, Grp, GC. Exploring the relationship between cigarette prices and smoking among adults: A cross-country study of low- and middle-income nations. Nicotine Tob Res. 2014; 16 Supp 1:S10-S15. doi: 10.1093/Ntr/Ntt170.

Kostova D, Chaloupka FJ, Yurekli A, Bettcher D, Prasad N, Asma S. Nicotine and tobacco research special supplement: economic aspects of tobacco use in low- and middle-income countries. Nicotine Tobacco Res. 2014; 16 Supp 1:S1-S2. doi: 10.1093/Ntr/Ntf089

Li Q, Hsia J, Yang G. Prevalence of smoking in China in 2010. New Engl J Med. 2011; 364(25):2469-2470.

Minh An DT, Van Minh H, Huong le, T, Giang KB, Xuan le TT, Hai PT, et al. Knowledge of the health consequences of tobacco smoking: a cross-sectional survey of Vietnamese adults. Glob Health Action. 2013; 6:1-9. doi: 10.3402/gha.v6i0.18707.

Morton J, Song Y, Fouad H, Awa FE, Abou El Naga R, Zhao L, et al. Cross-country comparison of waterpipe use: nationally representative data from 13 low and middle-income countries from the Global Adult Tobacco Survey (GATS). Tob Control. 2013. doi: 10.1136/tobaccocontrol-2012-050841.

Omar A, Yusoff MFM, Hiong TG, Aris T, Morton J, Pujari S. Methodology of Global Adult Tobacco Survey (GATS), Malaysia, 2011. International Journal of Public Health Research. 2013; 3(2):297-305

Palipudi KM, Gupta PC, Sinha DN, Andes LJ, Asma S, McAfee T. Social determinants of health and tobacco use in thirteen low and middle income countries: evidence from Global Adult Tobacco Survey. PloS one. 2012; 7(3):e33466.

Palipudi KM, Morton J, Hsia J, Andes L, Asma S, Talley B, et al. Methodology of the Global Adult Tobacco Survey – 2008-2010. Glob Health Promot. 2013. doi: 10.1177/1757975913499800.

Palipudi KM, Sinha DN, Choudhury S, Mustafa Z, Andes L, Asma S. Exposure to tobacco smoke among adults in Bangladesh. Indian Journal of Public Health. 2011; 55:210-219.

Pujari SJ, Palipudi KM, Morton J, Levinsohn J, Litavecz S, Green M. Electronic data collection and management system for Global Adult Tobacco Survey. Online Journal of Public Health Informatics. 2012; 4(2).

Ross H, Kostova D, Stoklosa M, Leon M. The impact of cigarette excise taxes on smoking cessation rates from 1994 to 2010 in Poland, Russia, and Ukraine. Nicotine Tob Res. 2014; 16 Supp 1: S37-S43. doi: 10.1093/Ntr/Ntt024.

Shang C, Chaloupka FJ, Kostova D. Who Quits? An overview of quitters in low- and middle-income countries. Nicotine Tob Res. 2014; 16 Supp 1:S44-S55. doi: 10.1093/Ntr/Ntt179.

Sinha DN, Palipudi KM, Rolle I, Asma S, Rinchen S. Tobacco use among youth and adults in member countries of South-East Asia region: review of findings from surveys under the global tobacco surveillance system. Indian Journal of Public Health. 2011; 55(3):169.

Song Y, Zhao L, Palipudi KM, Asma S, Morton J, Talley B, et al. Tracking MPOWER in 14 countries: results from the Global Adult Tobacco Survey, 2008-2010. Glob Health Promot. 2013. doi: 10.1177/1757975913501911.

Van Minh H, Giang KB, Nga PTQ, Hai PT, Minh NT, Hsia J. Exposure to second-hand smoke at home and its associated

factors: findings from the Global Adult Tobacco Use survey in Vietnam, 2010. Cancer Causes Control. 2012; 23(1):99-107.

Xuan le TT, Van Minh H, Giang KB, Nga PT, Hai PT, Minh NT, et al. Prevalence of waterpipe tobacco smoking among population aged 15 years or older, Vietnam, 2010. Prev Chronic Dis. 2013; 10:E57. doi: 10.5888/pcd10.120100.

Yang GH, Li Q, Wang CX, Hsia J, Yang Y, Xiao L, et al. Findings from 2010 global adult tobacco survey: implementation of MPOWER policy in China. Biomedical and Environmental Sciences. 2010; 23(6):422-429.

YangGH, Li Q, Wang CX, Hsia J, Yang Y, Xiao L, et al. Findings from 2010 global adult tobacco survey: implementation of MPOWER policy in China. BiomEnviron Sci.2010; 23(6):422-429.

# **GATS Manuals**

#### Guidelines

Country Engagement Process Implementing Agency Selection Guidelines Proposal Development Guidelines Implementation Instructions

#### **Comprehensive Standard Protocol**

Core Questionnaire with Optional Questions Question by Question Specifications Sample Design Manual Sample Weights Manual Field Interviewer Manual Field Supervisor Manual
Mapping and Listing Manual
Programmer's Guide to General Survey System
Core Questionnaire Programming Specifications
Data Management Implementation Plan
Data Management Training Guide
Quality Assurance: Guidelines and Documentation
Analysis and Reporting Package

#### **Data Release and Dissemination**

Data Release Policy

Data Dissemination: Guidance for the Initial Release of the Data

# References

#### PART 1 INTRODUCTION

#### 1 Tobacco Products

Eriksen M, Mackay J, Ross H. The tobacco atlas. Fourth ed. Atlanta, GA: American Cancer Society; New York, NY: World Lung Foundation; 2012.

World Health Organization. Tobacco: deadly in any form or disguise. Geneva, Switzerland: World Health Organization; 2006.

#### 2 THE WHO FCTC

World Health Organization. WHO Framework Convention on Tobacco Control. Geneva, Switzerland: World Health Organization; 2003, updated 2004, 2005.

World Health Organization. Parties to the WHO Framework Convention on Tobacco Control 2014 [Internet]. World Health Organization; March 2014 [cited May 2014]. Available from: http://www.who.int/fctc/signatories\_parties/en/

#### 3 MPOWER\*

World Health Organization. WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. Geneva, Switzerland: World Health Organization; 2013.

Song Y, Zhao L, Palipudi KM, Asma S, Morton J, Talley B, et al. Tracking MPOWER in 14 countries: results from the Global Adult Tobacco Survey, 2008–2010. Glob Health Promot. 2013; doi: 10.1177/1757975913501911.

#### 4 GTSS Overview: GYTS and GATS\*

Asma S, Song Y, Cohen J, Eriksen M, Pechacek T, Cohen N, et al. CDC grand rounds: global tobacco control. MMWR. 2014; 63(13):277-280.

Global Tobacco Surveillance System Collaborating Group. Global Tobacco Surveillance System (GTSS): purpose, production, and potential. J School Health. 2005 Jan; 75(1):15-24.

Palipudi KM, Morton J, Hsia J, Andes L, Asma S, Talley B, et al.

Methodology of the Global Adult Tobacco Survey –2008–2010. Glob Health Promot. 2013; doi: 10.1177/1757975913499800.

#### 5 GTSS Overview: TQS

Global Adult Tobacco Survey Collaborative Group. Tobacco Questions for Surveys: a subset of key questions from the Global Adult Tobacco Survey (GATS). Second Ed. Atlanta, USA: Centers for Disease Control and Prevention: 2011.

#### 6 GATS Coverage\*

#### PART 2 MONITOR

#### 7 Tobacco Use: Prevalence\*

#### 8 Tobacco Use: Number\*

United Nations, Department of Economics and Social Affairs, Population Division, Population Estimates and Projection Section. World population prospects: The 2012 revision [Internet]. United Nations; 2014 [cited March 2014]. Available from: http:// http://esa.un.org/wpp/.

125

#### 9 Tobacco Use: Age\*

US Department of Health and Human Services. Preventing tobacco use among youth and young adults: a report of the Surgeon General. Atlanta, USA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2012.

#### 10 Smoking: Prevalence\*

Giovino GA, Mirza SA, Samet JM, Gupta PC, Jarvis MJ, Bhala N, et al. Tobacco use in 3 billion individuals from 16 countries: an analysis of nationally representative cross-sectional household surveys. Lancet. 2012; 380(9842):668-79.

#### 11 Smokeless: Prevalence\*

United Nations, Department of Economics and Social Affairs, Population Division, Population Estimates and Projection Section.

#### 12 Dual Use: Smoking and Smokeless\*

United Nations, Department of Economics and Social Affairs, Population Division, Population Estimates and Projection Section. World population prospects: the 2012 revision [Internet]. United Nations; 2014 [cited March 2014]. Available at: http:// http://esa.un.org/wpp/.

#### 13 Daily Smoking: Age of Initiation\*

US Department of Health and Human Services. Preventing tobacco use among youth and young adults: a report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2012.

#### 14 Former Daily Smokers: Quit Ratio\*

Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ. 2004 Jun; 328(7455):1519-28.

#### 15 Cigarettes Smoked

US Department of Health and Human Services. The health consequences of smoking – 50 years of progress: a report of the Surgeon General. Atlanta, USA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.

#### **PART 3 PROTECT**

Guidelines for implementation of Article 8 of the WHO Framework Convention on Tobacco Control (Protection from exposure to tobacco smoke). Geneva, Switzerland: World Health Organization: 2007.

#### 16 Exposure to Smoke: Public Places\*

US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.

World Health Organization. WHO report on the global tobacco epidemic, 2009: implementing smoke-free environments. Geneva, Switzerland: World Health Organization; 2009. King BA, Mirza SA, Babb SD, GATS Collaborating Group. A cross-country comparison of secondhand smoke exposure among adults: findings from the Global Adult Tobacco Survey

(GATS). Tobacco control. 2013 Jul; 22(4):e5. **17 Exposure to Smoke: Workplace\*** 

US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006.

World Health Organization. WHO report on the global tobacco epidemic, 2009: implementing smoke-free environments. Geneva, Switzerland: World Health Organization; 2009.

#### 18 Exposure to Smoke: Home\*

World Health Organization. WHO report on the global tobacco epidemic, 2009: implementing smoke-free environments. Geneva Switzerland: World Health Organization; 2009.

#### **PART 4 OFFER HELP**

World Health Organization. Guidelines for implementation of Article 14 of the WHO Framework Convention on Tobacco Control (Demand reduction measures concerning tobacco dependence and cessation). Geneva, Switzerland: World Health Organization; 2010.

#### 19 Tobacco Use: First of the Day\*

20 Intention to Quit\*

21 Attempts to Quit Smoking\*

#### 22 Advice from Health Professionals\*

Centers for Disease Control and Prevention. Health-care provider screening for tobacco smoking and advice to quit – 17 countries, 2008–2011. MMWR. 2013; 62(46):920-7.

#### PART 5: WARN

World Health Organization. Guidelines for implementation of Article 11 of the WHO Framework Convention on Tobacco Control (Packaging and labeling of tobacco products) Geneva, Switzerland: World Health Organization; 2008

#### 23 Beliefs about Dangers\*

World Health Organization. WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva, Switzerland: World Health Organization; 2011.

#### 24 Impact of Health Warnings\*

World Health Organization. WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva, Switzerland: World Health Organization; 2011.

Centers for Disease Control and Prevention. Cigarette package health warnings and interest in quitting smoking – 14 countries, 2008–2010. MMWR. 2011; 60(20):645-51.

#### 25 Impact of Anti-Cigarette Advertising\*

World Health Organization. WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva, Switzerland: World Health Organization; 2011.

World Health Organization. WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. Geneva, Switzerland: World Health Organization; 2013.

Centers for Disease Control and Prevention. Antismoking messages and intention to quit-17 countries, 2008–2011. MMWR. 2013; 62(21):417.

#### PART 6: ENFORCE MARKETING BANS

Briefing 6: Adoption of guidelines for implementation of Article 13 (Tobacco advertising, promotion and sponsorship) and recommendation on further measures relating to cross-border advertising, promotion and sponsorship. Geneva, Switzerland: World Health Organization; 2008.

#### 26 Cigarette Advertising\*

World Health Organization. WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. Geneva, Switzerland: World Health Organization; 2013.

Davis RM, Gilpin EA, Loken B, Viswanath K, Wakefield MA, editors. The role of the media in promoting and reducing tobacco use. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2008 (Tobacco Control Monograph No. 19, NIH Pub. No. 07-6/20)

#### 27 Cigarette Promotion\*

World Health Organization. WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. Geneva, Switzerland: World Health Organization; 2013.

#### **PART 7 RAISE PRICES**

#### 28 Cost and Affordability of Cigarettes\*

Kostova D, Chaloupka FJ, Yurekli A, Ross H, Cherukupalli R, Andes L, et al. A cross-country study of cigarette prices and affordability: evidence from the Global Adult Tobacco Survey. Tob control. 2014; 23(1):e3.

Chaloupka FJ, Yurekli A, Fong GT. Tobacco taxes as a tobacco control strategy. Tob control. 2012 Mar; 21(2):172-80.

#### 29 Expenditure on Cigarettes\*

Kostova D, Chaloupka FJ, Yurekli A, Ross H, Cherukupalli R,

Andes L, et al. A cross-country study of cigarette prices and affordability: evidence from the Global Adult Tobacco Survey. Tob control. 2014; 23(1):e3.

Chaloupka FJ, Yurekli A, Fong GT. Tobacco taxes as a tobacco control strategy. Tob control. 2012 Mar; 21(2):172-80.

#### PART 8 TRACKING PROGRESS

#### 30 GATS Tracking Progress: Thailand

Ministry of Public Health, Department of Disease Control, Bureau of Tobacco Control. Global Adult Tobacco Survey: 2011 GATS, Thailand. Nonthaburi, Thailand; 2012. [Cited March 2014]. Available from: http://www.searo.who.int/entity/tobacco/surveillance/Global\_Adult\_Tobacco\_Survey\_Thailand\_Report 2011.pdf

#### 31 GATS Tracking Progress: Turkey

The Ministry of Health of Turkey. GATS comparison fact sheet, Turkey 2008 & 2012. 2012. [Cited March 2014]. Available from: http://www.who.int/tobacco/surveillance/survey/gats/gats\_turkey\_2008v2012\_comparison\_fact\_sheet.pdf

#### 32 Integrating TQS: Sustainable Surveillance

Centers for Disease Control and Prevention. Tobacco questions for surveys: at a glance. 2013. [Cited March 2014]. Available from: http://nccd.cdc.gov/GTSSData/Ancillary/Documentation.aspx?SUID=4&DOCT=1

Ministry of Health and Family Welfare, Bangladesh. Global Adult Tobacco Survey: Bangladesh report 2009. Bangladesh; 2009. [Cited March 2014]. Available at: http://www.who.int/tobacco/surveillance/global\_adult\_tobacco\_survey\_bangladesh\_report\_2009.pdf

Ministry of Health and Family Welfare, Bangladesh, N.C.D. Directorate of Health Services, Bangladesh Society of Medicine. Non-Communicable Disease Risk Factor Survey Bangladesh 2010. Bangladesh: 2010. [Cited March 2014]. Available from: http://www.searo.who.int/entity/noncommunicable\_diseases/data/Bangladesh\_2010\_STEPS\_Survey\_Report.pdf

China Center of Disease Control and Prevention. Global Adult Tobacco Survey: China 2010 country report. Beijing, China: China Sanxia Press; 2011.

Li Y, Zhang M, Jiang Y, Wu F. Co-variations and clustering of chronic disease behavioral risk factors in China: China Chronic Disease and Risk Factor Surveillance, 2007. PloS one. 2012; 7(3):e33881.

Ministry of Health and Social Development of the Russian Federation, Pulmonary Research Institute FMBA, Russia. Global Adult Tobacco Survey (GATS), Russian Federation 2009 country report. 2009. [Cited March 2014]. Available from: http://www.who.int/tobacco/surveillance/en\_tfl\_gats\_russian\_countryreport.pdf. Goldberg H, Serbanescu FI, Bardakova L, Stupp P.

Decomposing fertility, abortion, and contraception in Russia: findings from Russia's first National Reproductive Health Survey [Internet]. 2014 [cited March 2014]. Available from: http://www.iussp.org/sites/default/files/event\_call\_for\_papers/iussp%20 busan%20long%20abstract%2010-12.pdf

The Ministry of Health of Turkey. Global Adult Tobacco Survey (GATS) Turkey country report. Ankara, Turkey: 2010. [Cited March 2014]. Available from: http://www.who.int/tobacco/surveillance/en\_tfi\_gats\_turkey\_2009.pdf

Turkish Statistical Institute. Health Survey 2010. Ankara, Turkey: Turkish Statistical Institute, Printing Division;2012.

World Health Organization. NCD Global Monitoring Framework [Internet]. World Health Organization; 2014 [cited March 2014]. Available from: http://www.who.int/nmh/global\_monitoring\_framework/en/

#### 33 NCDs: Global Voluntary Tobacco Targets

United Nations, Department of Economic and Social Affairs, Population Division, Population Estimates and Projections Section. World population prospects: the 2012 revision [Internet]. United Nations, Department of Economic and Social Affairs, Population Division, Population Estimates and Projections Section; 2014 [cited May 2014]. Available from: http://esa.un.org/unpd/wpp/index.htm.

#### **PART 9 REGIONAL HIGHLIGHTS**

### 34 Regional Highlights: Africa and Eastern Mediterranean\*

Numbeo. Cost of living in Nigeria: prices in Nigeria [Internet]. Numbeo; 2014 [cited May 2014]. Available from: http://www.numbeo.com/cost-of-living/country\_result.jsp?country=Nigeria Hanafy K, Saleh A, Elmallah M, Omar H, Bakr D, Chaloupka F. The economics of tobacco and tobacco taxation in Egypt. Paris, France: International Union Against Tuberculosis and Lung Diseases; 2010.

#### 35 Regional Highlights: Americas\*

Campaign for Tobacco-Free Kids. Tobacco tax success story: Brazil [Internet]. Campaign for Tobacco-Free Kids; 2014 [cited May 2014]. Available from: http://global.tobaccofreekids.org/files/pdfs/en/success\_Brazil\_en.pdf

Campaign for Tobacco-Free Kids, National Institute of Public health. Tobacco tax success story: Mexico [Internet]. Campaign for Tobacco-Free Kids, National Institute of Public health; 2012 [cited May 2014]. Available from: http://global.tobaccofreekids.org/files/pdfs/en/success\_Mexico\_en.pdf

World Health Organization. WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. Geneva, Switzerland: World Health Organization; 2013.

#### 36 Regional Highlights: Europe\*

Campaign for Tobacco-Free Kids, American Cancer Society. Tobacco tax success story: Ukraine [Internet]. Campaign for Tobacco-Free Kids, American Cancer Society; 2012 [cited May 2014]. Available at: http://global.tobaccofreekids.org/files/pdfs/en/success\_Ukraine\_en.pdf

Kostova D, Andes L, Erguder T, Yurekli A, Keskinkılıç B, Polat Se, et al. Cigarette prices and smoking prevalence after a tobacco tax increase – Turkey, 2008 and 2012. MMWR. May 30, 2014; 63(21):457-61.

Russian Prime Minister Vladimir Putin holds a meeting of the Government Presidium [Internet]. 2010. [cited March 2014]. Available from: http://archive.premier.gov.ru/eng/events/news/12432/

World Health Organization Regional Office for Europe. Smoke-free legislation works well in Ukraine [Internet]. World Health Organization Regional Office for Europe; 2014 [cited May 2014]. Available from: http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2014/01/smoke-free-legislation-works-well-in-ukraine.

#### 37 Regional Highlights: South-East Asia\*

Global Adult Tobacco Survey (GATS) India country report 2009–10, Ministry of Health and Family Welfare, Government of India, New Delhi, India: 2010. Available from: http://www.who.int/tobacco/surveillance/survey/gats/gats\_india\_report.pdf

#### 38 Regional Highlights: Western Pacific\*

Chiu PD. PNoy signs sin tax bill into law to take effect Jan. 1, 2013. GMA News Online; Dec 20, 2012 [Internet]. [cited May 2014]. Available from: http://www.gmanetwork.com/news/story/287166/economy/finance/pnoy-signs-sin-tax-bill-into-law-to-take-effect-jan-1-2013

#### PART 10 DISSEMINATION

World Health Organization. WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 5.3, Article 8, Articles 9 and 10, Article 11, Article 12, Article 13, Article 14. 2013 ed. Geneva, Switzerland: World Health Organization; 2013.

United Nations, Department of Economic and Social Affairs, Population Division, Population Estimates and Projections Section. World Population Prospects: The 2012 Revision [Internet]. United Nations, Department of Economic and Social Affairs, Population Division, Population Estimates and Projections Section; 2014 [cited May 2014]. Available from: http://esa.un.org/unpd/wpp/index.htm.

\* GTSS data are available by country, WHO region, or MPOWER indicator at http://apps.nccd.cdc.gov/gtssdata

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